

# 2009/10 Evaluation Camp

## Surrey Eagles Player Information Form



**CAMP DATES:** Friday, April 10, 2009 - Sunday, April 12, 2009

**REGISTRATION:** Friday, April 10, 2009 @ 3:30 p.m. South Surrey Arena

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Citizenship: \_\_\_\_\_ Birthdate: \_\_\_\_\_

PLAYER PROFILE (Team(s) Played for in the 2008-2009 season)						
Season	Association	Division	Level			
2008-2009			<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="radio"/> C	
Coach's Name: _____			Telephone: _____			
Shot <input type="checkbox"/> Left <input type="checkbox"/> Right		Height: _____		Weight: _____		
Position (1st Choice): _____	<b>GP</b>	<b>G</b>	<b>A</b>	<b>PTS</b>	<b>PIM</b>	<b>GAA</b> <b>Sv%</b>
Position (2nd Choice): _____						
Describe your strengths as a hockey player: _____ _____						

MEDICAL (players personal health insurance)	
Fathers Name: _____	<b>BC Care Card Personal Health No. (or equivalent)</b>
Mothers Name: _____	_____
Injuries and/or Medical Problems which the Trainer should be aware of: _____ _____	

### PARENT/GUARDIAN CONSENT (please print name in full)

As parent or guardian of the above named player, I \_\_\_\_\_ do hereby consent to said player participating in all activities at the Surrey Eagles 2009-2010 Evaluation Camp, and do hereby release, absolve, indemnify and save harmless the Surrey Eagles Hockey Club and the British Columbia Hockey League, and both organization's employees, officers, coaching staff, management and/or volunteers, from any claim(s) which may arise as a result of his/her participation. I assume all risks and hazards incidental to the above article and do hereby waive all claims whatsoever which I or the above named player may have against the Surrey Eagles Hockey Club and/or the British Columbia Hockey League.

\_\_\_\_\_  
Signature Day Month Year

**Payment in full \$170.00 must accompany registration.** Cheques payable to: Surrey Eagles Hockey Club, 2199-148 Street, Surrey, BC V4A 8L5. For further information contact Shane Kuss at (604) 531-4625 or email camps@surreyeagles.ca.

\_\_\_\_\_  
Visa or Mastercard Number Expiry Date