

SURREY EAGLES 2009 ALASKA COMBINE

PLAYER INFORMATION FORM



Camp Dates: June 26 – 29, 2009

Location: Acceleration Alaska, 11111 O'Malley Center Dr. Anchorage, AK

Name: _____ Email: _____

Address: _____ City: _____ Zip/ Postal Code: _____

Telephone: () Citizenship: _____ Birth date: _____

PLAYER PROFILE (Team(s) Played For In The 2008/2009 Season)

Season	Association	Division	Level		
2008/09			A <input type="radio"/>	B <input type="radio"/>	C <input type="radio"/>

Coach's Name: _____ **Telephone:** _____

Shot: Right Left **Height:** _____ **Weight:** _____

Position (first choice)	GP	G	A	PTS	PIM	GA	Sv%
Position (second choice)							

Describe your strengths as a hockey player:

MEDICAL (Players Personal Health Insurance)

Fathers Name: _____ **Health Care Number** _____

Mothers Name: _____

Injuries and/or Medical Problems which the Trainer should be aware of:

Parent/Guardian Consent (please print in full name)

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 Alaska Combine, and do hereby release, absolve, indemnify and save harmless the Surrey Eagles Hockey Club, the British Columbia Hockey League, Acceleration Alaska and all 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, the British Columbia Hockey League, or Acceleration Alaska. **All players required to wear same equipment as they wore in the 08/09 season.**

Signature _____ Day _____ Month _____ Year _____

Payment in full \$275.00 US must accompany registration. This is a NON refundable camp. Will accept cash, credit card (Visa, Mastercard, or American Express), or Cheques payable to: Surrey Eagles Hockey Club, 2199-148 Street, Surrey, BC V4A 8L5. For further information contact Chris Newans at Acceleration Alaska (907) 333-3278 cnewans@thealaskaclub.com or Shane Kuss at (604) 531-4625 or email info@surreyeagles.ca. **For credit card payment, please fax form back to Eagles office (604) 535-6710**

Visa, Mastercard, AMEX Number _____ Exp. _____