

Eagles 2010 Spring Camp

Surrey Eagles Player Information Form



CAMP DATES: Friday, April 9, 2010 - Sunday, April 11, 2010

REGISTRATION: Friday, April 9 2010 @ 2:30 p.m. South Surrey Arena

Name: _____ E-mail: _____

Address: _____ Postal Code: _____

Telephone: () _____ Citizenship: _____ Birthdate: _____

PLAYER PROFILE (Team(s) Played for in the 2009-2010 season)

| Season | Association | Division | Level | | |
|-----------|-------------|----------|----------------------------|----------------------------|-------------------------|
| 2009-2010 | | | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="radio"/> C |

Coach's Name: _____ Telephone: _____

Shot Left Right Height: _____ Weight: _____

| Position (1st Choice): | GP | G | A | PTS | PIM | GAA | Sv% |
|------------------------|----|---|---|-----|-----|-----|-----|
| Position (2nd Choice): | | | | | | | |

Camp Info: All players will receive minimum 3 games, 1 practice session, Eagles Camp t-shirt, and tour of Eagles dressing room. Dryland training session with Eagles Strength and Conditioning Coach Chad Benson. Player exit meeting with Eagles staff. Goalie session and Camp all-star game. Players will be notified if they are invited to main camp in August.

MEDICAL (players personal health insurance)

| | |
|---|--|
| Fathers Name: _____ | BC Care Card Personal Health No. _____ (or equivalent) |
| 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 2010 Spring 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 \$175.00 must accompany registration. Cheques payable to: Surrey Eagles Hockey Club, 2199-148 Street, Surrey, BC V4A 8L5. For further information contact Matt Erhart at (604) 762-1982 or email merhart@surreyeagles.ca.

Visa or Mastercard Number Expiry Date