



# Trail Smoke Eaters Hockey Club

P.O. Box 313

Trail, BC, V1R 4L6

Telephone: (250) 364-9994

Fax: (250) 364-9920

E-mail: tsecoach@telus.net or Remax1@telus.net



## SPRING CAMP REGISTRATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2009-2010 Club: \_\_\_\_\_

Position: \_\_\_\_\_ Shot: L R

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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Camp Cost: **\$150.00 Cdn**

Payment Method:  cheque/money order enclosed

Credit Card:  Visa  Mastercard

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_

*\*Camp fees must accompany registration form and are non-refundable*

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Proud Member of the BCHL



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## SPRING CAMP WAIVER

In consideration of being allowed to participate in any way in the Smoke Eaters Hockey Camps, related events and activities, the understood acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline will reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown. Even arising from the negligence of the releases or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention to the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, hereby release and hold harmless the Smoke Eaters Hockey Club, their officers, officials, agents and all employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable owners and leaser of premises used to conduct the event (Releases) with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releases or otherwise.

I have read this release of liability and assumption of risk agreement, fully understanding its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

Participant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE** (18 and under)  
(Under Age is at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his release as provided above, of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

Emergency Telephone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Medical #: \_\_\_\_\_

Witness: \_\_\_\_\_



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