



Cowichan Capitals 2019 Spring Camp Application Form

Personal Info

Name:	Email:
Address:	Parent/Guardian:
DOB:	Place of Birth:
Height:	Weight:
Home Phone #:	Cell #:

2018-19 Hockey Information

Team Name, League, and Category:			
Coach's Name:		Coach's Phone #:	
Position:	Shot (L/R):	Save % (Goalies):	
GP:	Goals:	Assists:	PIM:
Short-term hockey related goal:			
Long-term hockey related goal:			
Name a strength and weakness as a player:			

Academic Information

School Name:	Grade Completing:
GPA:	Favourite Subject (Not P.E.):
Teacher Reference:	Teacher Phone #:

Payment Information

Method (Visa/MC/cheque):		
Credit Card #:	Expiry:	CVS #:
Cardholder Name:	Signature:	

In consideration of the Participant and his/her parent/guardian being permitted to register the participant, and participate in the Cowichan Capitals camp, we hereby forever release and discharge the Cowichan Capitals and their directors, agents, employees, and any person or corporation connected herewith from all the manner of action, injury, damages, costs, claims or demands which we shall or may hereafter have, suffer, or receive by reason of such participation in the camp. The release shall be binding on our heirs, assigns, executors, and administrators. It is agreed that the Cowichan Capitals Junior "A" Hockey Club do not and shall not be considered to guarantee or warrant such equipment in the conducting of the said camp. It is further agreed the Cowichan Capitals Junior "A" Hockey Club is not responsible for lost hockey equipment. Without exception, **NO REFUNDS** will be provided. Your signature confirms you have read and understand our cancellation policy.

Signature of Applicant (if age 18 or over): _____

Signature of Applicant's Parent/Guardian (if under 18): _____

Date: _____