

CHASE HEAT IDENTIFICATION CAMP

PLEASE PRINT CLEARLY AND COMPLETE THE WAIVER.



NAME: _____
PARENT/GUARDIAN: _____
ADDRESS: _____
CITY/TOWN: _____ PROVINCE/STATE: _____
POSTAL CODE: _____ PHONE: _____
EMAIL: _____
HEALTH CARE # _____
DATE OF BIRTH (DD/MM/YY): _____ WEIGHT: _____ HEIGHT: _____
POSITION: GOALIE _____ FORWARD _____ DEFENCE _____
SHOOTS: LEFT _____ RIGHT _____
LAST SEASON'S TEAM LEVEL _____

COST \$300.00 PER PLAYER. TAXES INCLUDED GOALTENDERS \$350.00

METHOD OF PAYMENT: CHEQUE _____ CASH _____
ETTRANSFER TO OFFICEOPERATIONS@CHASEHEAT.COM (PLEASE ATTACH PLAYERS NAME TO TRANSFER)

** PLEASE MAKE CHEQUES PAYABLE TO HEAT JR. HOCKEY SOCIETY**

CREDIT CARD (VISA/MASTERCARD): _____
CARD # _____ EXP: ___/___ CDC # _____
ADDITIONAL 4% HANDLING CHARGE FOR ALL CREDIT CARD PAYMENTS

SEND COMPLETED APPLICATION FORMS AND THE ATTACHED WAIVER TO:

CHASE HEAT JUNIOR HOCKEY CLUB
PHONE: 250-679-2525
PO BOX 502 FAX: 250-679-2526
CHASE, BC V0E1M0

EMAIL: BFOX@CHASEHEAT.COM
OR: GM@CHASEHEAT.COM

CHASE HEAT PARTICIPATION WAIVER

IN CONSIDERATION OF THE PARTICIPANT AND HIS/HER PARENT/GUARDIAN BEING PERMITTED TO REGISTER THE PARTICIPANT TO TAKE PART IN THE CHASE HEAT CAMP, WE HEREBY, FOREVER, RELEASE AND DISCHARGE THE AGENTS, EMPLOYEES AND ANY PERSON CONNECTED WITH THE CLUB HEREWITH FROM ALL MATTERS OF ACTION, INJURY, DAMAGES, COST, CLAIMS OR DEMANDS WHICH WE SHALL OR MAY HEREAFTER HAVE, SUFFER OR RECEIVED BY REASON OF SUCH PARTICIPATION IN THE CAMP. THE RELEASE SHALL BE BINDING ON OUR HEIRS, ASSIGNS, EXECUTORS AND ADMINISTRATORS. IT IS ALSO AGREED THAT THE CHASE HEAT JUNIOR HOCKEY CLUB IS NOT RESPONSIBLE FOR LOST HOCKEY EQUIPMENT. THERE ARE NO EXCEPTIONS.

NO REFUNDS WILL BE ISSUED WITHIN 30 DAYS OF THE CAMP DATE UNLESS A MEDICAL CERTIFICATE ACCOMPANIES THE REQUEST. ALL REFUNDS ARE SUBJECT TO A \$50.00 ADMINISTRATION FEE. FULL PAYMENT IS REQUIRED AT TIME OF REGISTRATION. REGISTRATION IS LIMITED. GOALTENDERS ARE INVITE ONLY. YOUR SIGNATURE BELOW CONFIRMS THAT YOU HAVE READ AND AGREE WITH OUR CANCELLATION POLICY. I CONFIRM THAT I HAVE READ AND AGREE WITH THE TERMS AND CONDITIONS SET OUT IN THE WAIVER.

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT'S PARENT/GUARDIAN
(IF OVER THE AGE OF 18) (IF UNDER THE AGE OF 18)

PLEASE CHECK OFF WHICH CAMP DATE YOU ARE REQUESTING