



Nanaimo Clippers Spring Camp
REGISTRATION FORM

Please check which camp you would like to attend:

Fort St John April 2/3 Kamloops April 23/24 Nanaimo May 28/29

Name: _____ Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: _____ E-Mail: _____

Birthdate: _____ Position: _____ Shot: _____ Height: _____ Weight: _____

Last Team: _____

Medical Insurance No.: _____

WAIVER

I/we _____ the parents/guardian of _____ in

consideration of the special benefits that will be offered at the 2016 Spring Camp, hereby permit

_____ to participate in all planned activities. I/we accept all risk of injury,

however caused, and I/we do hereby release and discharge the Nanaimo Clippers Hockey Club,

the instructors and employees from any liability whatsoever to the participants and undersigned

resulting from, or in any manner arising out of an injury, damage or loss which may be sustained by

_____ on account of his participation in the planned activities.

I/we acknowledge that I/we have read and understood the foregoing.

_____ Date: _____

(Signature of Parent or Guardian)

Will confirm payment method upon acceptance. Cost will be \$200 for camp. Looking forward to seeing you in the Spring of 2016.