



IN AFFILIATION WITH

TEAM PACIFIC

SPRING 2012

ELITE FEMALE SPRING DEVELOPMENT

1997/1998/1999....FEMALE (MAX 15 skaters)

- OBJECTIVE:** This program has been designed for the ELITE player, to provide players of similar abilities the opportunity to train in an intense environment.
- PRIMARY FOCUS:** Individual Skill Development
- INSTRUCTORS:** THE Advantage Hockey Development Coaching Team
- ARENA:** Burnaby Winter Club
- DAYS & DATES:** **Tuesday & Thursday (20 hrs. of development)**
April 3, 5, 10, 12, 17, 19, 24, 26
May 1, 3, 8, 10, 15, 17, 22, 24
June 5, 7
- TIME:** 7:30 pm – 8:30 pm
- APPAREL:** Program Jersey & Socks Included
- COST:** \$785.00 HST included
(cheque payable to THE Advantage Hockey Development INC.)
- PROGRAM CONTACT:** Jeff Eaton – Program Director
Phone: 778 928 0977
Fax: 604 942 8629
E-mail: jeff@theadvantagehockey.com
Web-Site: www.theadvantagehockey.com

**THE ADVANTAGE HOCKEY DEVELOPMENT
Elite Female Spring Development**

#38-2287 Argue Street, Port Coquitlam. B.C. V3C 6R2

REGISTRATION FORM

PLEASE PRINT

1997/1998/1999 FEMALE

Player's Name: _____ (the "Player")

Complete Mailing Address: _____
Street or Box

City

Province

Postal Code

Phone: (H): _____ (Cell): _____

E-Mail: _____

2011-2012 Team & Level: _____

Birth Date: _____ Height: _____ Weight: _____
Day/Month/Year

Parent's Name or Names: _____

Is there anything in the Player's medical history that would prevent them from taking full part in the physical activities of this program? Yes No

If YES, please use the reverse side of this form to explain.

Does the Player have any allergies or medical conditions which the coach or managers of the program should be aware? Yes No

Is the Player taking any medication on a regular basis? Yes No

If YES, please indicate what medication _____

In the event of an emergency, please contact: _____

Phone: _____

To the best of our knowledge, the Player is in excellent health and is fully able to participate in this program.

Player's Signature

Parent's Signature

WAIVER

I acknowledge that by signing this Waiver, I release the coaches and managers of The Advantage Hockey Development Camp (the "Camp") for any event of injury, or liability for injuries or damages of any kind and no matter how unforeseen, sustained by the Player as a result of any action by any other player, team coach or managers or any other person, agents and/or assigns, while participating in or traveling to or from the Camp or associated events.

I also acknowledge that the Player, who is the subject of the attached registration form, is of good health and has no known condition, medical or otherwise, that would prevent her from full participation in camp activities.

I agree to abide by all regulations and financial requirements of the Camp and fully understand the time and financial commitments required. I understand that at their sole discretion, the coach and/or managers of the Camp reserve the right to adjust or cancel any part of the Camp for any reason. If it becomes necessary to cancel any aspect of the Camp or to place restrictions on the numbers of players, I agree that an appropriate refund of fees will be made and that there will be no other refunds.

Date

Signature of Legal Guardian

PLEASE RETURN BOTH REGISTRATION FORM AND WAIVER TO:

Attention: THE Advantage Hockey Development
#38 – 2287 Argue Street
Port Coquitlam, British Columbia, V3C 6R2