



IN AFFILIATION WITH

**ADVANTAGE ACES**

**SPRING 2012**

**ELITE MALE SPRING DEVELOPMENT**

**2004/2005.....Male (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:** 4:00 pm – 5:00 pm

**APPAREL:** Program Jersey & Socks Included

**COST:** \$785.00 HST included  
(cheque payable to THE Advantage Hockey Development)

**PROGRAM CONTACT:** Jeff Eaton – Program Director  
Phone: 778 928 0977  
Fax: 604 942 8629  
E-mail: [jeff@theadvantagehockey.com](mailto:jeff@theadvantagehockey.com)  
Web-Site: [www.theadvantagehockey.com](http://www.theadvantagehockey.com)

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

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

**REGISTRATION FORM**

PLEASE PRINT

**2004/2005 MALE**

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