



AUGUST PREP CAMP

PROGRAM: To Prepare Players for the upcoming season through high intensity drills. Players will be challenged to push themselves in a competitive atmosphere.

FOCUS: Individual Skills & Game Preparation

LOCATION: Burnaby Winter Club

INSTRUCTORS: **Lead by JEFF EATON & The Advantage Development Team**

WEEK 1: **Monday August 5th - Friday August 9th**

Ages: 1998 | 1999 | 2000 | 2001

Sessions: **First Come, First Serve for Time and Team Choice*

Team WHITE: 5:15 - 6:30 PM (Skills) | 6:45 - 7:30 PM (3 on 3)

Team BLACK: 6:45 - 7:30 PM (3 on 3) | 7:45 - 9:00 PM (Skills)

Cost: \$425.00 Inclusive of GST

Includes: 10 Hours On-Ice & Jersey

WEEK 2: **Monday August 12th - Friday August 16th**

Ages: 2002 | 2003 | 2004

Sessions: **First Come, First Serve for Time and Team Choice*

Team WHITE: 5:15 - 6:30 PM (Skills) | 6:45 - 7:30 PM (3 on 3)

Team BLACK: 6:45 - 7:30 PM (3 on 3) | 7:45 - 9:00 PM (Skills)

Cost: \$425.00 Inclusive of GST

Includes: 10 Hours On-Ice & Jersey



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Week 1: August 5th - 9th

2001 - 1998

___ WHITE - 5:15 PM

___ BLACK - 6:45 PM

\$425.00

Week 2: August 12th - 16th

2002 - 2004

___ WHITE - 5:15 PM

___ BLACK - 6:45 PM

\$425.00

* Goalies 50%

Payment Amount: \$ _____

Payment Type: CREDIT | ETR

For E-Transfers: please send to dayna@theadvantagehockey.com

**In addition, please send email with answer to security question.*

Credit Card Number: _____ **Exp:** ____/____

CSV: _____ ** Credit Card payments may be accepted over the phone with Name & Signature*

Name of Payee: _____

I Authorize The Advantage Hockey Development INC to charge my credit card a one-time fee for The Advantage Hockey - 2019 August Prep Camp.

Email for Receipt: _____

Signature: _____ **Date:** _____

PROGRAM INQUIRIES: Dayna Birch - Director of Operations / Instructor

Email: dayna@theadvantagehockey.com

Mobile: 778.344.4438



Week 1: Team WHITE (5:15pm) | Team BLACK (6:45pm) (circle)

Week 2: Team WHITE (5:15pm) | Team BLACK (6:45pm) (circle)

#1 Player's Name: _____

Player's Phone: _____ Email: _____

Player's DOB: _____ Jersey Size: (XLarge) (Large) (Medium)

18-19 Team: _____

#2 Player's Name: _____

Player's Phone: _____ Email: _____

Player's DOB: _____ Jersey Size: (XLarge) (Large) (Medium)

18-19 Team: _____

Parent Names: _____

Mom Cell: _____ Dad Cell: _____

Mom Email: _____

Dad Email: _____

MEDICAL



Is there anything in the Player's medical history that would prevent them from taking full part in the physical activities of this program? _____

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 of?

Is the Player taking any medication on a regular basis? _____

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.

Initial: _____

I acknowledge that by signing this Waiver, I release the coaches and managers of The Advantage Hockey Development Program (the "Program") 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. For no other reason will refunds be made.

Date:

Signature of Legal Guardian



PHOTO RELEASE

I grant permission to THE Advantage Hockey Development INC to use photographs taken during Development for THE Advantage Hockey Development media purposes. Photographs collected will be used for the sole purpose of promoting THE Advantage Hockey Development INC Programs on Advantage Hockey publications such as packages, social media and/or website.

I hereby waive any right to inspect or approve the photographs, publications, or electronic matter that may be used in conjunction with the photos now or in the future. Furthermore, I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I am the legal parent/guardian of _____ (if under 18), and I have read and fully understand the contents, meaning and impact of this release.

Accepted and Agreed to by:

Name

Date

Signature

PLEASE RETURN DOCUMENTS TO:

THE Advantage Hockey Development INC

Mail: P.O. Box 195 Lions Bay, BC V0N 2E0

Email: dayna@theadvantagehockey.com