



2018 SUMMER MINI-CAMP REGISTRATION FORM

☐ PARKSVILLE CAMP (JULY 6-8)

☐ PORT MCNEILL CAMP (JULY 13-15)

Player Name: _____

Position: _____ Shoots (L/R): _____ Height: _____ Weight: _____

Date of Birth: Day: _____ Month: _____ Year: _____ Email: _____

Address: _____

City/Prov.: _____ Postal Code: _____

Home Phone: _____ Prov. Health #: _____

Emergency Contact: _____ Emerg. Phone #: _____

Jersey Size: Youth S/M _____ Youth L/XL _____ Adult S/M _____ Adult L/XL _____

Payment type: ☐ Visa/Mastercard ☐ Cheque

Cardholder Name: _____

Visa or Mastercard # _____

Expiry Date: _____ *** Card will be charged \$175.00 (tax included) ***

Mini Camp Participation Waiver

I hereby forever release and discharge the agents, employees and any person connected with the Alberni Valley Bulldogs 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. There are no exceptions.

Signature of Parent or Legal Guardian

Date

Submit completed registration form by Email (tali@albernivalleybulldogs.ca),
Fax (250-723-4452) or Regular Mail (3737 Roger Street, Port Alberni, B.C., V9Y 8E3)