

**WINFIELD & DISTRICT MINOR HOCKEY ASSOCIATION
WDMHA PRE-SEASON SKILLS CAMP**



DATE: August 31st – September 3rd 2020
LOCATION: Winfield Arena

PLAYER INFORMATION – PLEASE PRINT

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|---------------------------------|---------------|--|--------------------------------------|
| LAST NAME | FIRST NAME | INITIAL | GENDER (circle) M F |
| STREET ADDRESS | CITY | POSTAL CODE | |
| BIRTH DATE | PHONE | EMAIL, any updates/changes will be done via email. Please provide. | |
| DIVISION | FATHER'S NAME | MOTHER'S NAME | |
| EMERGENCY CONTACT: NAME & PHONE | FATHER'S CELL | MOTHER'S CELL | |

REGISTRATION FEES: MAX 20 KIDS PER DIVISION (FIRST COME, FIRST SERVE)

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|------------|--------------------|----------|----------------------------------|
| U11 | (9 & 10 YRS OLD) | \$100.00 | Monday thru Thursday 3:45-4:45pm |
| U13 | (11 & 12 YRS OLD) | \$100.00 | Monday thru Thursday 5:15-6:15pm |
| U15 | (13 & 14 YRS OLD) | \$100.00 | Monday thru Thursday 6:45-7:45pm |
| U18 | (15,16,17 YRS OLD) | \$100.00 | Monday thru Thursday 8:15-9:15pm |

ALL CHEQS PAYABLE TO: WDMHA & DATED **AUG 20, 2020 or use attached credit card form**

REGISTRATION DEADLINE: **AUGUST 31,2020 OR TILL EACH DIVISION REACHES 20**

This camp is open to ONLY Registered WDMHA Members.

SCHEDULE: Please see above & check WEBSITE for updates, www.winfieldminorhockey.com

MAIL COMPLETE FORM & PAYMENT TO: Box 41010 RPO South Lake Country, BC V4V 1Z7

Waiver - We hereby acknowledge the authority of the CHA, BCAHA, OMAHA and the WINFIELD & DISTRICT MINOR HOCKEY ASSOCIATION (WDMHA) and agree to carry out and abide by the CONSTITUTION, BYLAWS, RULES and REGULATIONS of those associations.

Release – In consideration of this applicant to play under the auspices of the WDMHA, I do hereby for myself, heirs, executors, administrators and assigns; remise release and forever discharge the CHA, BCAHA, OMAHA, the WDMHA, its officers or anyone acting on their behalf from all manner of litigation, damage claims, or demands in law or equity which I may have or acquire by reason of personal injury to the player, loss or damage to property, which may occur during or by reason of participation in the activities of the WDMHA.

I AM THE PARENT OR LEGAL GUARDIAN OF THE INDIVIDUAL NAMED ON THIS FORM, AND HAVE READ THE WAIVER ON THIS PAGE AND AGREE TO ALL THE STATED CONDITIONS.

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| PARENT/LEGAL GUARDIAN SIGNATURE |
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Winfield & District Minor Hockey Association
PO Box 41010 RPO South Lake Country BC V4V 1Z7

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| Date: | Payment Reference: | Office Use ONLY: Approval # _____ |
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| Credit card transactions cannot be processed without a email address, please provide, a secure receipt will be sent | Email – must be legible please |
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| Visa # | Master Card # | Card Holder Name |
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| Card Holder Signature x | Full Amount \$ | Expiry ____ / ____ |
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