

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



DATE: August 30th – September 2nd 2021
LOCATION: Winfield Arena

PLAYER INFORMATION – PLEASE PRINT

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)

U11	(9 & 10 YRS OLD)	\$100.00	Monday thru Thursday 4:00-5:00pm
U13	(11 & 12 YRS OLD)	\$100.00	Monday thru Thursday 5:15-6:15pm
U15	(13 & 14 YRS OLD)	\$100.00	Monday thru Thursday 6:30-7:30pm
U18	(15,16,17 YRS OLD)	\$100.00	Monday thru Thursday 7:45-8:45pm

CHEQS PAYABLE TO WDMHA & DATED **AUG 20, 2021 or use attached credit card form**

REGISTRATION DEADLINE: **AUGUST 30, 2021 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 completed form and payment to: Box 41010 RPO South Lake Country, BC V4V 1Z7
Scan & email to winfieldmha@shaw.ca or dropoff at the arena in the hockey office mail slot

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.

PARENT/LEGAL GUARDIAN SIGNATURE



Winfield & District Minor Hockey Association
PO Box 41010 RPO South Lake Country BC V4V 1Z7

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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