

**Please complete all questions clearly, neatly and in full.
Forms must be scanned and e-mailed in ASAP to
bryantperrier@yahoo.com**

___ **YES**, I will be at the 2017 Main Camp ___ **NO**, I will not be attending

PERSONAL CONTACT INFORMATION

Player Name _____
Player Home Phone Number _____ Cell _____
Player Mailing Address _____
City _____ Province / State _____
Postal / Zip _____
Player's e-mail _____
Father's Name _____
Work Number _____ Cell _____
Fax Number _____ E-mail _____
Mother's Name _____
Work Number _____ Cell _____
Fax Number _____ E-mail _____
Emergency Contact (Not Parent) _____
Phone Number _____ Relationship _____

VITAL STATISTICS AND EDUCATION

Date of Birth (mm / dd / yy) _____ Place of Birth _____
Height _____ Weight _____ Position _____ Shoots / Catches _____
Health Care Number _____ Province / State _____
Team Last Played For _____ League _____
2016 - 2017 Stats: GP _____ Goals _____ Assists _____ Pims _____
2016 - 2017 Goalie Stats: GP _____ MP _____ GA _____ SO _____ AVE _____

What is your education level / grade you will have completed as of June 2017?

Current Grade Point Average (GPA) _____

MEDICAL INFORMATION

Do you presently have any injuries? _____ If yes, please explain in detail.

Do you have any significant medical conditions (Epilepsy, Diabetes, Orthopedic Problems, Allergies, Asthma)? _____ If yes, please explain in details

Are you currently taking any medications or supplements (prescription, over the counter or otherwise)? _____ If yes, please list supplement / medication along with dose and explain reasons. _____

Have you suffered a head injury? _____ If so when? _____

Have you suffered from any fractures or orthopedic injuries (muscle and ligament) in the last three years? _____ If yes, explain. _____

Last Tetanus booster: Less than three year's _____ three-five year's _____
More than five year's _____

Waiver: The registrant agrees that the North Okanagan Knights Junior Hockey Club and/or its proprietors will not be held responsible for any accidents or loss, however caused, and agrees to release the proprietors from all claims or damages which may arise as a result of or by reason of such accidents or loss.

My signature below signifies that I have read and understand this waiver.

Player's Signature: _____

Player's Full Name (Please print): _____

Date: _____

Parent and / or Guardian's Signature: _____

Parent and /or Guardian's Full Name (Please print): _____

Date: _____

(Parent or Legal Guardian Signature only required if player is less than 19 years of age at time of signing).