

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

\_\_\_ **YES**, I will be at the 2017 Prospects 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).***