



**PENINSULA PANTHERS JUNIOR HOCKEY CLUB
TRAINING CAMP REGISTRATION FORM 2009-2010**

NAME _____

ADDRESS _____

DOB _____ **PHONE #** _____

HEIGHT _____ **WEIGHT** _____

POSITION _____ **SHOOTS** _____

2008-2009 TEAM _____ **GP** _____ **G** _____ **A** _____ **PTS** _____ **PIM** _____

COACH NAME AND CONTACT INFO _____

2007-2008 TEAM _____ **GP** _____ **G** _____ **A** _____ **PTS** _____ **PIM** _____

COACH NAME AND CONTACT INFO _____

BC MEDICARE # _____



WAIVER CLAUSE:

In consideration of the benefit conferred on me by the granting of such request, I do hereby, on behalf of myself and my child, release

and forever discharge the Peninsula Panthers Junior Hockey Club, and the Carding Association and their assistants, directors, servants,

employees and voluntary workers, and each of them of and from all claims of whatsoever nature, past, present, and future, and

whether involving negligence on their part or not, arising out of or in any way connected with the activities of the Peninsula Panthers Junior Hockey Club and the Carding Association, and it's facilities or structures and I do hereby undertake to indemnify and save harmless the Carding Association, the said assistants, directors, servants, employees, and voluntary workers and each of them, in respect of each such claim, demand, action or cause of action as aforesaid.

Parent signature

Player Signature

Parent Name (Print)

Player Name (Print)

Please mail the completed registration form with a cheque for \$150 to "Peninsula Panthers Junior Hockey Club" to the address below.

Peninsula Panthers Junior Hockey Club

1863 San Juan Ave

Victoria BC V8N 2J1