Fairview Flyers Camp Registration Form

Name: _____Address: _____

City/Town: _____Province: _____Postal Code: _____

Phone: _____ email: _____

Birth Date: _____Position: _____Height: _____ Weight: _____

Team Played on Previous Season: _____

Medical Insurance No.: _____

Waiver

I/we _____ player or the parents/guardian of _____

in consideration of the special benefits that will be offered at the Flyers Tryout Camp, hereby permit _____ to participate in all planned activities. I/we accept all risk of injury, however caused, and I/we do hereby release and discharge the Fairview Flyers Hockey Club, the instructors and employees from any liability whatsoever to the participants and undersigned resulting from, or in any manner arising out of an injury, damage or loss which may be sustained by _____ on account of his participation in the planned activities.

I/we acknowledge that I/we have read and understood the foregoing.

_____ Date: _____

(Signature of Player, Parent or Guardian)

Please Return Form and $50 Camp Fee by September 1. to:
Mail: Fairview Flyers, Box 276, Fairview, AB T0H 1L0
Email: fairviewflyers2012@gmail.com