

NORTH DELTA DEVILS
2008 Prospect Camp – June 26 – 29, 2008

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

EMAIL: _____

PHONE NUMBER: _____ CARE CARD #: _____

HEIGHT: _____

WEIGHT: _____

SHOOTS: _____

POSITION: _____

LAST TEAM PLAYED FOR: _____

BIRTH DATE: _____

MOTHER: _____ FATHER: _____

INJURIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF:

As parents of the above named player, I (please print parent name) _____ consent to said player participating in all activities relating to the North Delta Devils Junior Hockey club prospect camp and release and absolve the North Delta Devils, their employees, officers, trainers, coaching staff, and any volunteers from any claims which may arise as a result of his participation. I assume all risks and hazards related to the camp and waive all claims whatsoever which I or the above named player may have against the North Delta Devils Hockey Club.

SIGNED (Parent Signature): _____ DATE: _____

Please mail payment to and registration form to;

NORTH DELTA DEVILS JUNIOR HOCKEY CLUB
13427 55A AVE
SURREY BC
V3X 3B5

Or you may fax your form to 604-596-8868, but payment must be received to secure your spot.

You will be contacted by email to confirm your registration,
Thank you.