

**Devils 2008 Evaluation Camp Registration Form**  
**April 10<sup>th</sup> – 13<sup>th</sup> 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 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: \_\_\_\_\_ DATE: \_\_\_\_\_

Please mail payment to and registration form to;

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

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