



**POWELL RIVER KINGS JUNIOR A HOCKEY CLUB  
PLAYER INFORMATION SHEET  
2018 SPRING CAMP**



SUBMIT FORM VIA EMAIL: [KINGSCOACH@SHAW.CA](mailto:KINGSCOACH@SHAW.CA) OR FAX: 604 485 7530

**SELECT WHICH CAMP YOU'RE ATTENDING:** POWELL RIVER (APR 6-8)  KAMLOOPS (MAY 11-13)

**COMPLETED FORM MUST BE RECEIVED PRIOR TO START OF CAMP  
PLAYER INFORMATION**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_

B.C. MEDICAL HEALTH INSURANCE: YES  NO  CARD NUMBER: \_\_\_\_\_

OTHER PROVINCIAL INSURANCE AND/OR ADDITIONAL FAMILY INSURANCE: YES  NO

PROVINCE and/or NAME OF INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_ HOME #: \_\_\_\_\_

\_\_\_\_\_ CELL #: \_\_\_\_\_

\_\_\_\_\_

POSTAL / ZIP CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**IF YOU ARE A U.S. PLAYER, YOU MUST HAVE PRIMARY HEALTH INSURANCE COVERAGE. PLEASE ENSURE YOU HAVE A COPY OF YOUR COVERAGE WITH YOU AT ALL TIMES DURING THE CAMP.**

NAME OF INSURER: \_\_\_\_\_ POLICY #: \_\_\_\_\_

EXPIRY DATE (MM/DD/YYYY): \_\_\_\_\_

**PARENTS**

MOTHER \_\_\_\_\_ TELEPHONE: [H] SAME AS ABOVE  OR \_\_\_\_\_

[C] \_\_\_\_\_

[W] \_\_\_\_\_

FATHER \_\_\_\_\_ TELEPHONE: [H] SAME AS ABOVE  OR \_\_\_\_\_

[C] \_\_\_\_\_

[W] \_\_\_\_\_

**EMERGENCY CONTACTS**

FAMILY PHYSICIAN \_\_\_\_\_ TELEPHONE [W] \_\_\_\_\_

**PERSON TO CONTACT IN ACCIDENT OR EMERGENCY, IF PARENTS CANNOT BE CONTACTED**

NAME \_\_\_\_\_ TELEPHONE [H] \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ [C] \_\_\_\_\_

# PLAYER MEDICAL INFORMATION

- A) HEIGHT: \_\_\_\_ FT \_\_\_\_ IN                      WEIGHT: \_\_\_\_ LBS
- B) DATE OF LAST COMPLETE PHYSICAL EXAMINATION: \_\_\_\_\_
- C) DATE OF LAST TETANUS BOOSTER (CHECK ONE): < 3 YEARS     3-5 YEARS     5+ YRS

D) PLEASE CHECK THE APPROPRIATE RESPONSES:

	YES	NO		YES	NO	N/A
Allergies to Medication	<input type="checkbox"/>	<input type="checkbox"/>	Wears glasses	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies (other)	<input type="checkbox"/>	<input type="checkbox"/>	Are lenses shatter proof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Wears contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetic	<input type="checkbox"/>	<input type="checkbox"/>	Hearing problem	<input type="checkbox"/>	<input type="checkbox"/>	
Epileptic	<input type="checkbox"/>	<input type="checkbox"/>	Medic Alert bracelet/necklace	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Dental bridges, plates or braces	<input type="checkbox"/>	<input type="checkbox"/>	
Medication or other supplements (vitamins, etc) being regularly taken at home	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Has had an illness lasting more than a week in the past year	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Has had injuries requiring medical attention in the past year (outpatient)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Has been hospitalized in the past year	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Has had surgical operation in the past year	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Has had one or more concussions in the past 2 years	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Has had injuries to his head, back or joints in the past 2 years	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other health issues that may interfere with participation in a full hockey program	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Are you presently recovering from an injury	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE PROVIDE ADDITIONAL INFORMATION TO ANY OF THE ABOVE RESPONSES CHECKED AS "YES"

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E) PLEASE ENTER ANY ADDITIONAL INFORMATION NOT COVERED ABOVE WHICH MAY AFFECT YOUR ABILITY TO PARTICIPATE IN A FULL HOCKEY PROGRAM

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F) I understand that it is my responsibility to immediately advise the Camp Training staff of any change in the above information. In the event no one can be contacted, the Camp Training staff or management will admit the player to the hospital if deemed necessary.

Authorization is hereby provided to the training staff as well as the physicians and nursing staff of any Hospital or Emergency Unit to undertake necessary examination, investigation and necessary treatment of the player.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLAYER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE  
(REQUIRED IF PLAYER IS UNDER 18 YEARS OF AGE)

**COMPLETED FORM MUST BE RECEIVED PRIOR TO START OF CAMP**



# POWELL RIVER KINGS JUNIOR A HOCKEY CLUB

## 2018 SPRING CAMP REGISTRATION FORM



### Personal Info

Name:	Email:
Address:	Parent/Guardian:
DOB:	Place of Birth:
Height (ft/in):	Weight (lbs):
Home Phone:	Cell:

### 2017/2018 Hockey Information

Team Name, League and Category:			
Coach's Name:		Coach's Phone:	
Position:	Shot (L/R):	Save % (Goalies):	
GP:	Goals:	Assists:	PIM:
Short-term hockey related goal:			
Long-term hockey related goal:			
Name a strength and a weakness as a player:			

### Academic Information

School Name:	Grade Completing:
GPA:	Favourite Subject (Not P.E.):
Teacher Reference:	Teacher Phone:

### Payment Information

Method (VISA, Mastercard/Cheque):		
Credit Card #:	Expiry (mm/yy):	CVS #:
Cardholder Name:	Signature:	

In consideration of the Participant and his/her parent/guardian being permitted to register the participant, and participate in the Powell River Kings camp, we hereby forever release and discharge the Powell River Kings and their directors, agents, employees, and any person or corporation connected herewith from all the manner of action, injury, damages, costs, claims or demands which we shall or may hereafter have, suffer, or receive by reason of such participation in the camp. The release shall be binding on our heirs, assigns, executors and administrators. It is agreed that the Powell River Kings Junior A Hockey Club do not and shall not be considered to guarantee or warrant such equipment in the conducting of the said camp. It is further agreed the Powell River Kings Junior A Hockey Club is not responsible for lost hockey equipment. Without exception, **NO REFUNDS** will be provided. Your signature confirms you have read and understand our cancellation policy.

Signature of Applicant (if age 18 or over): \_\_\_\_\_

Signature of Applicant's Parent/Guardian (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_