



Estevan Minor Hockey Association  
Box 457  
Estevan, SK S4A 2A4

## CONDITIONING CAMP REGISTRATION FORM

- Open to **PeeWee** (1999/2000), **Bantam** (1997/1998) and **Midget** (1994/1995/1996) aged players.
- Applications must be returned to the EMHA mailing address Attention: Registration Director.
- Families wishing to enroll more than one child must complete a separate form for each child.
- Each child's application must be signed by a parent or the legal guardian.
- A cheque for \$85 payable to EMHA must accompany each application. **No cash will be accepted.**
- Registration deadline is Thursday, August 18th.
- Camp will consist of 6 sessions between August 22 and September 11. **A complete list of participants and ice times will be e-mailed out on August 20.**
- Using player movement between groups, EMHA will make every effort to include all participants, but it cannot guarantee that everyone who applies will be accepted.

PLAYER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
(please print)

ADDRESS: \_\_\_\_\_ Postal Code: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ POSITION: \_\_\_\_\_  
(day) (month) (year)

EMAIL ADDRESS: \_\_\_\_\_  
(required)

PLEASE CIRCLE THE PLAYER AGE CATEGORY THAT APPLIES TO YOUR CHILD:

1 <sup>st</sup> year PeeWee	1 <sup>st</sup> year Bantam	1 <sup>st</sup> year Midget	3 <sup>rd</sup> year Midget
2 <sup>nd</sup> year PeeWee	2 <sup>nd</sup> year Bantam	2 <sup>nd</sup> year Midget	

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### WAIVER AND RELEASE

My child, \_\_\_\_\_, is in good physical condition and has my permission, if selected, to participate in the EMHA Conditioning Camp. I do hereby waive, release, absolve, indemnify and agree to hold harmless the local organizers, EMHA, sponsors, supervisors, participants and persons transporting my child to and from all activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

**ALL PARTICIPANTS MUST WEAR FULL PROTECTIVE GEAR AS DETAILED BY CHA.**

**EMHA Date and Time Received:** \_\_\_\_\_