



Group	Time (subject to change)	Cost Plus GST	Select One
Ages 6 – 8 (Born between 2000-2002)	8:30am – 3:15pm	\$299.00	<input type="checkbox"/>
Ages 9 – 10 (Born between 1998-1999)	9:45am - 4:30pm	\$299.00	<input type="checkbox"/>
Ages 11 – 12 (Born between 1996 – 1997)	11:00am – 5:45pm	\$299.00	<input type="checkbox"/>
Ages 13 – 14 (Born between 1994 – 1995)	6:00pm – 9:30pm	\$349.00	<input type="checkbox"/>

PLEASE PRINT

Male Female

Last Name:		First Name:	
Mailing Address:			City:
Postal Code:	Phone:		Alt. Phone:
Date of Birth:	____/____/____ mm dd yy	Email Address:	
Current Minor Hockey Association:			
Position Played:			
Parent/Legal Guardian Name (please print):			
Note Medical or Allergy Problems:			

Method of Payment: Visa, MasterCard, Cheque (payable to Chilliwack Bruins Hockey Club), or Debit.

All programs must be paid in full upon registration.

Cancellation Policy: No refunds 30 days prior to camp start date other than in the event of an accident or injury. In the event of an accident or injury the athlete must provide a medical statement and would be subject to a \$50 administration fee.

All refunds are subject to a \$50 administration fee.

The Chilliwack Bruins reserve the right to cancel the hockey school, re-group or reschedule players based on ability and enrollment.

Waiver: I certify that I am cognizant of all inherent dangers and risks associated with the participation in these programs. I agree that I shall provide health insurance or other applicable insurance to cover any personal injury or property damage sustained by the applicant while participating in the CHILLIWACK BRUINS HOCKEY CAMP, and ensure that the applicant's training attire is in good working order. In consideration of the applicant agrees that the Chilliwack Bruins Hockey Club, its principals, proprietors, employees, and participants will not be responsible for any accident or loss however caused. I hereby release the above parties from all claims, liabilities, or damages that may arise as a result of such accident or loss.

Signature or Parent/Legal Guardian

Visa

MasterCard

Name on Card

Card Number

Expiry Date