



SICAMOUS EAGLES JR B HOCKEY CLUB PROSPECTS CAMP in SICAMOUS, BC

Are you an elite hockey player looking to begin your junior hockey development? Each year our Prospects Camp presents an exciting opportunity for skilled players aged 16-20 to showcase their talents in front of our coaching staff. The Prospects Camp will run in Sicamous, BC. We will be looking to replace quite a few players from this season's team as they move on to the next level of their hockey careers.

To Register, complete the Prospects Camp Registration Form (page 2) and Waiver (page 3) below and email them in to us. You can use Visa, MasterCard or E-Transfer for payment. No registrations will be considered without payment. Camp cost is \$225 per player and \$225 per goaltender (**Max. 8 goalies**). E-Transfer must be sent to sicamouseaglesbookkeeper@gmail.com and please include a Comment that says, "[Players Name] Camp Reg Fee".

Any questions please contact our GM Ron Sleeman.

Ron Sleeman
GM, Sicamous Eagles
Email: sicamouseaglesgm@gmail.com
Cell Phone: 250-392-0041



SICAMOUS EAGLES

Prospects Camp Registration Form

Name: _____

Mailing Address: _____

City, Province/State & Postal Code: _____

Phone #: _____

Email Address: _____

Date of Birth: _____

Position: _____ Height: _____ Weight: _____

Shoots (L): _____ (R): _____

Last level played: Bantam _____ Midget _____ Junior _____ None _____

Last level played: B _____ A _____ AA _____ AAA _____ AAAA _____ N/A _____

Coach's Name: _____ Phone #: _____

Parent(s) Name: _____

Parent(s) Phone #: _____

*** ALL FIELDS ARE REQUIRED ***

Sicamous Eagles Contact Info:

GM: Ron Sleeman
Cell: (250) 392-0041
Email: sicamouseaglesgm@gmail.com
Web Site: www.sicamouseagles.com

Mailing Address: Sicamous Eagles Junior B Hockey Club
PO Box 934
Sicamous, BC
V0E 2V0

CREDIT CARD DETAILS CAN BE EMAILED

VISA _____ EXPIRY DATE _____

MASTERCARD _____ EXPIRY DATE _____

E-TRANSFER _____

**** REFUND POLICY:** No refunds will be issued within 30 days of the camp unless a signed medical certificate accompanies the request. All refunds subject to a \$100 handling fee.



WAIVER OF PARTICIPATION

PLAYER'S NAME: _____ (please print)

In consideration of the participant and his/her parent/guardian being permitted to register the participant to take part in the Sicamous Eagles camp, we hereby forever release and discharge the Sicamous Eagles and their owners, directors, agents, employees and any person or Corporation connected herewith from all matters 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 Sicamous Eagles Junior B Hockey Club does not and shall not be considered to guarantee or warrant such equipment in the conducting of the said camp. It is further agreed that the Sicamous Eagles Junior B Hockey Club is not responsible for lost hockey equipment. There are no exceptions.

NO REFUNDS will be issued within 30 days of the camp date unless a medical certificate accompanies this request.

All refunds are subject to a \$100.00 non-refundable handling fee.

Your signature below confirms that you have read, understand and agree to our cancellation policy and the waiver form.

I confirm that I have read and agree to the terms and conditions set out in the waiver.

SIGNATURE OF APPLICANT (If over the age of 18)

SIGNATURE OF PARENT/GUARDIAN (If under the age of 18)

DATE

FOR OFFICE USE: TEAM: _____