



Dan Snyder Memorial Arena
24 Snyder Avenue South
Elmira, ON N3B 1Y9
elmirasugarkings50@gmail.com
www.sugarkings.gojhl.ca

Prospect Camp Registration 2021

St. Jacobs Arena

Name: _____
(Last Name) (First Name) (Middle Initial)

Address: _____
(Street) (City) (Postal Code)

Birth: ____/____/____ Parent(s) or Guardian name(s) _____
DD MM YR

Telephone: Home _____ Cell _____

Email Address: **PLEASE WRITE CLEARLY** _____

POSITION 1st PREFERENCE: _____ 2nd PREFERENCE: _____

Team Played With Last Year: _____

Height: _____ Weight: _____ Shot: Left _____ Right _____

Do you work: Yes: _____ No: _____ If yes: Full-time _____ Part-time _____

School: _____ Grade Entering This Year: _____

Are you interested in a scholarship? No _____ Yes _____ If yes: Canada _____ USA _____

RELEASE AND WAIVER

In consideration of acceptance of this registration in the Elmira Sugar Kings Camp, I, for myself, my heirs, executors, administrators and assigns, release the Elmira Sugar Kings Jr Hockey Club, its respective servants, agents or employees and all organizers, sponsors, representatives, of the Elmira Sugar Kings Training Camp and any other person or organization assisting in this event from any and all claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while attending at or participating in a training camp notwithstanding any such loss, injury or damage that may have arisen by reason of the negligence of the Elmira Sugar Kings Jr. Hockey Club or any other party above-mentioned. Without limiting the generality of the foregoing, I further release any recourse which I may now or hereafter have resulting from any decision of the Elmira Sugar Kings Jr. Hockey Club, I further state that the registrant is in proper condition to participate in this event and I am aware that participation could in some circumstances, result in physical injury. The registrant is attending this training camp of his own free will and has obtained permission, from the physician of choice to participate in the Showcase. Permission for the free use of the registrant's name and picture in broadcasts, telecasts or written accounts of the events is hereby granted. Full particulars of any physical condition which may affect the registrant's health, ability or performance has been disclosed in writing to the organizers of this event

INDEMNIFICATION

In consideration of the Elmira Sugar Kings Jr. Hockey Club accepting the written registration, I hereby agree to indemnify the Elmira Sugar Kings Jr. Hockey Club its servants, agents and employees and all organizers, sponsors, representatives of the Elmira Sugar Kings Jr. Hockey Club arising out of or in consequence of the attendance or participation of by the above named registrant in the Elmira Sugar Kings Training Camp

Signature of Registrant

Signature of Parent or Guardian (If 18 years of age or under)

Date

Date

Send completed form to: Mark Erb, 25 Burlwood Drive, Elmira, ON, N3B 3L2 or EMAIL: merb8596@gmail.com