

COQUITLAM EXPRESS 2019 SPRING ID CAMP REGISTRATION

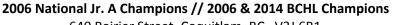
Please print and fill out this form. Full payment must accompany this form.

Please make cheques payable to COQUITLAM EXPRESS.

SKATERS: \$275 I GOALIES \$95 (add \$200 if selected after goalie session)

PLAYER NAME :	
DOB (D/M/YR):	
POSITION:	
SHOOTS (L / R):	
HEIGHT:	
WEIGHT:	
2018/19 TEAM :	
LEAGUE:	
2017/18 TEAM :	
LEAGUE:	
ADDRESS:	
CITY:	
POSTAL/ZIP:	
COUNTRY:	
PLAYER EMAIL :	
PLAYER PHONE :	
PARENT EMAIL :	
PARENT PHONE :	
MEDICAL INSURANCE :	
MEDICAL #:	
ALLERGIES:	
EMERGENCY CONTACT :	
Confirmation of registration will be via e-mail. Send complet	ed form to:
Coquitlam Express - 640 Poirier St, Coquitlam, BC, V3J 6B1	
I (we) the undersigned, being Parents or Guardians ofstaff, coaches, volunteers, instructors, along with the ice arena and its employees however caused, and agree to release same from all claims or damages. We furth good physical health and we will be responsible for all medical and dental claims, I (we) have read and understood this waiver.	er agree that the applicant has no medical problems and is in
Signature	Date





E-Mail: info@coquitlamexpress.ca <u>www.coquitlamexpress.ca</u>

