



Morinville Jets Spring Evaluation Camp 2011



Saturday May 14th 6:30 pm - 8:00 pm

Sunday May 15th 4:30 pm - 6:00 pm

Servus Place, St. Albert, Troy Murray Arena

Fee: \$25

Name: _____

Birthdate: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Email: _____

AHC #: _____

Last Team: _____

Coach(s) Name: _____

Coach(s) Phone: _____

G.P.: _____

Goals: _____

Assists: _____

Pts: _____

PIM's: _____

Shot: _____

Height: _____

Weight: _____

Position: _____

As parent or guardian of the above named player, I (print full name) _____

do hereby consent to said player partaking in all activities at the Morinville Jets Evaluation Camp, and do hereby release, absolve, indemnify and save harmless the Morinville Jets Jr. "B" Hockey Club and the CJHL, and both organization's coaching staff, management and/or volunteers, from any claim(s) which may arise as a result of his participation. I assume all risks and hazards incidental to the above article and do hereby waive all claims which the above named player or I may have against the Morinville Jets Jr. "B" Hockey Club and/or the CJHL.

Signature of Parent or Guardian: _____

Date: _____

Make Cheque payable to: Morinville Jets Junior B Hockey Club

Mail Form and Cheque as soon as possible to:

Attn: Brent Melville
Morinville Jets Junior B Hockey Club
P.O. Box 3187
Morinville, Alberta
T8R 1S1