

SPRING EVALUATION CAMP

April 25-26-27th, 2008

The cost of the camp is \$125.00. All registration forms must include full payment. All payments will be non-refundable for any reason except non-acceptance to camp. Registration deadline is **April 10, 2008. SPACE IS LIMITED SO REGISTER ASAP.** Return the **Player Information Form & this signed waiver** with your full payment (payable to the Cowichan Valley Capitals) of \$125.00 to:

Spring Evaluation Camp:
Cowichan Valley Capitals
2687 James St
Duncan, BC
V9L 2X5

Payment can be made by Cheque, Money order, Visa or Master Card
(Please Circle one)

Credit Card # _____
Expiry date: _____

Signature: _____

If you have any questions please contact Scott Robinson @ 250-748-9930 ext. 222 or by email to: coach@cowichan Capitals.com

Waiver: The registrant agrees that the Cowichan Valley Capitals Hockey Club and/or its proprietors will not be held responsible for any accidents or loss, however caused, and agrees to release the proprietors from all claims or damages which may arise as a result of or by reason of such accidents or loss.

My signature below signifies that I have read and understand this waiver.

SON'S NAME: _____ (Please Print)

SIGNATURE: _____ Date: _____
(Parent or Legal Guardian if player is under 19 years of age at time of signing)