



St. James Jr. Canucks Fall Development Camp

NAME: _____

DATE OF BIRTH (MM/DD/YYYY): _____ POSITION: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

JERSEY SIZE (PLEASE CIRCLE): YOUTH MEDIUM; YOUTH LARGE/EXTRA LARGE; ADULT SMALL

APPROX SKILL LEVEL (B=BEGINNER, I=INTERMEDIATE, A=ADVANCED) _____

(6,7,8-YEAR-OLD CAMP ONLY) PREFERRED SESSION 1 OR 2 _____

(NOTE: SESSION 1 IS DESIGNED FOR 6 YEAR OLDS AND BEGINNER-INTERMEDIATE 7-YEAR-OLD PLAYERS, SESSION 2 IS DESIGNED FOR ADVANCED 7 YEAR OLDS AND 8 YEAR OLDS)

REGISTRATION FEE: \$160.00 (9-10 CAMP) \$150.00 (6,7,8 CAMP)

MAIL CHEQUES, REG. FORM & DISCLAIMER TO:

**ST. JAMES JR. CANUCKS
49 INWOOD CRESCENT
WINNIPEG, MANITOBA
R2Y 1A2**

To register by phone, call Justin Steeves at 204-792-2685

Disclaimer

NAME _____

FOR VALUABLE CONSIDERATION THE RECEIPT WHEREOF IS HEREBY ACKNOWLEDGED THE UNDERSIGNED DOES HEREBY FOR HIMSELF,HERSELF, HIS HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, AND ASSIGNS RELEASE AND FOREVER DISCHARGE THE ST. JAMES JUNIOR CANUCKS HOCKEY CLUB INC. FROM ANY AND ALL ACTIONS CAUSES OF ACTION CLAIMS AND DEMANDS FOR UPON OR ANY REASON OF ANY DAMAGE, LOSS OR INJURY TO PERSON AND PROPERTY WHICH HEREFOR HAS BEEN OR HEREAFTER MAYBE SUSTAINED IN CONSEQUENCE OF THE UNDERSIGNS PARTICIPATION AT THE ST. JAMES JUNIOR CANUCKS FALL DEVELOPMENT CAMP.

PARENT OR GUARDIAN _____
