



## **Osoyoos Coyotes 2020 Summer Prospect Camp Registration Form**

### **Player Requirements:**

Camp Date: July 24th to 26th, 2020

Location: Sun Bowl Arena, Osoyoos, BC

Age Category: Players born through the years 2000 to 2005

Goaltenders: Only 12 Goaltender positions will be accepted

### **Registration:**

Payment can be submitted by cheque, e-transfer or credit card. Please make cheques payable to the Osoyoos Coyotes Junior Hockey Club. All payments by credit card are subject to a 3% surcharge. The Summer Prospect Camp fee must be paid in full prior to attending camp.

#### **Please Note:**

Until June 15th, 2020, refunds will be subject to a \$100.00 service charge. After June 15th, 2020, no refunds will be issued.

**If you are already carded with ANY JUNIOR HOCKEY CLUB, please disregard this Camp Notice/Invitation.**

### **Contact Information:**

Email: Head Coach Carter Rigby at [carterrigby11@gmail.com](mailto:carterrigby11@gmail.com) and/or Owner/President/Director of Business Operations Randy Bedard at [randyb@osoyooscoyotes.com](mailto:randyb@osoyooscoyotes.com).

Phone: Carter can be reached at 250.809.3749 and Randy at 250.485.2412.

Mail: Osoyoos Coyotes 2020 Summer Prospect Camp  
P.O. Box 99,  
Osoyoos, BC  
V0H 1V0

Office Phone: 250.495.6060

Office Fax: 250.495.6069

### **Accommodations:**

If required, contact Randy Bedard for accommodation assistance by emailing [randyb@osoyooscoyotes.com](mailto:randyb@osoyooscoyotes.com) or calling 250.485.2412.

## **Osoyoos Coyotes 2020 Summer Prospect Camp Registration Form**

### **Personal Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### **2019/2020 Hockey Information**

Team Name, League and Category: \_\_\_\_\_  
Coach's Name: \_\_\_\_\_ Coach's Phone #: \_\_\_\_\_  
Position: \_\_\_\_\_ Shoots (L/R): \_\_\_\_\_ Save % (Goalie): \_\_\_\_\_  
GP: \_\_\_\_\_ Goals: \_\_\_\_\_ Assists: \_\_\_\_\_ +/-: \_\_\_\_\_ PIM: \_\_\_\_\_  
NHL Player you play like: \_\_\_\_\_  
List Strength and a Weakness as a player: \_\_\_\_\_  
\_\_\_\_\_  
Sports Awards over Last Two Years: \_\_\_\_\_  
\_\_\_\_\_

### **Academic Information**

School Name: \_\_\_\_\_ Grade Completing: \_\_\_\_\_  
GPA: \_\_\_\_\_ Favourite Subject (not Phys Ed): \_\_\_\_\_  
Teacher Reference Name: \_\_\_\_\_ Teacher Reference Phone #: \_\_\_\_\_

### **Payment Info (\$225.00 Skater - \$250.00 Goaltender) - Applicable Taxes Included**

Method of Payment (Cheque/Visa/MasterCard): \_\_\_\_\_  
Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_ CVS #: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

In consideration of the participant and his/her parent/guardian being permitted to register the participant and participate in the Osoyoos Coyotes 2020 Summer Prospect Camp, we hereby forever release and discharge the Osoyoos Coyotes Junior Hockey Club and its directors, agents, employees and any person or corporation connected herewith from all the manner of action, injury, damages, costs, claims or demands which we shall or may hereafter have, suffer or receive by reason of such participation in the camp. The release shall be binding on our heirs, assigns, executors and administrators. It is agreed that the Osoyoos Coyotes Junior Hockey Club does not and shall not be considered to guarantee or warrant such equipment in the conducting of the said camp. It is further agreed the Osoyoos Coyotes Junior Hockey Club is not responsible for lost hockey equipment. There are no exceptions. No refunds will be provided after June 15th, 2020 unless a Medical Certificate accompanies the request. All refunds are subject to a \$100.00 service charge. Your signature confirms that you have read and understand our cancellation policy.

Signature of Applicant (if over the age of 18): \_\_\_\_\_

Signature of Applicant's Parent/Guardian (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_

## PLAYER MEDICAL INFORMATION SHEET

Name: \_\_\_\_\_ Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Provincial Health Number/US Health Insurance:** \_\_\_\_\_

Address: \_\_\_\_\_ City and Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Billet Family: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### Emergency Contact in case Parents are not available:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Date of Last Complete Physical Examination: \_\_\_\_\_

### **USA Health Insurance Information:** This Information is Required for Hockey Canada Injury Report Forms

Occupation: \_\_\_\_\_ Employed Full-Time: \_\_\_\_\_ Unemployed: \_\_\_\_\_ Full Time Student: \_\_\_\_\_  
Employer (If a Minor, list Parent's Employer): \_\_\_\_\_

Do you have Provincial Health Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_ If No - Province: \_\_\_\_\_

Do you have other Insurance Medical/Dental? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please provide the Name of Insurer and Policy details, including ID Numbers:

Credit Card Type and #: \_\_\_\_\_ Cardholder: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

In the event that no one can be contacted, team management will take my child to the Hospital/an M.D. if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize the release of information to appropriate people (coach, physician) as deemed necessary.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_