



**SUMMER 2018  
GREATER VERNON MINOR HOCKEY ASSOCIATION  
HOCKEY SCHOOL**

Player's Name: \_\_\_\_\_ (M / F)

Parent's Name: \_\_\_\_\_

Birth Date (month, day, year): \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Position: \_\_\_\_\_ Medical No: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please sign me up for: Check one

**1ST WEEK - Aug. 6-10**

- 7 - 9 year olds.....\$350.
- 10 - 12 year olds.....\$350.
- Defenceman Camp (9-14 year olds).....\$350.
- Goalies (Indicate above camp).....\$250.

**Circle  
Jersey size**

**Youth - L, M, S**

**2ND WEEK - Aug. 13-17**

- 5 - 7 year olds.....\$100.
- 8 - 10 year olds.....\$350.
- 11 - 14 year olds.....\$350.
- Female only (7 - 13 year olds).....\$350.
- Goalies (Indicate above camp).....\$250.

**Adult - L, M, S**

**(No exchanges  
pick accordingly)**

**MEAL PLAN**

\$35.

**VISA/MASTERCARD**

Name \_\_\_\_\_ Expiry \_\_\_\_\_

Card # \_\_\_\_\_

**PLEASE READ & SIGN THIS WAIVER**

I, as parent or guardian of the above mentioned child, authorize him to take part in the Greater Vernon Minor Hockey Association Hockey School. I will not hold the Greater Vernon Minor Hockey Association, its instructors or staff responsible for accidents or injury that may occur while participating in any activities directly involved with the hockey school.

Signature: \_\_\_\_\_