



Merritt Centennials Junior 'A' Hockey Club

P.O. Box 1730 ♦ Merritt, BC ♦ V1K 1B8 ♦

(250) 378-3604

www.merrittcentennials.com



HOCKEY SCHOOL 2019-please print clear and neatly

Name _____
Last First Middle

DOB _____ Position _____ Shot _____
List preferred position

Last Year's Team _____ Level _____ Jersey size _____ youth-adult

Parents Names _____ Parents Cell _____

Address _____ City _____ Province/State _____

PC/Zip _____ email _____ Medical # _____

Medical/ Allergies Precautions _____

Age Group Registering For---6-9 ___ 10-12 ___ 13-15 ___ Emergency Contact _____

I (we) the undersigned being parents or guardians of _____ accept the terms of registration And agree that the staff, coach's, instructors, along with the ice arena and its employees are not liable for, Nor held responsible for any accident or loss, however caused and agree to release same from all claims or Damages. We further agree that the applicant has no medical problems and is in good physical health and We will be responsible for all medical and dental claims, or insurance.

YES-NO We agree that any pictures taken at the camp can be used in any social media and or promotional (circle) use.

Signature _____ Date _____

Payment Information-
Name On Credit Card _____ Players Name _____
Card Number _____ Expiry _____ CVC _____

Visa—Master Card—American Express