



2024 Spruce Kings Elite Development Application Form - August 19 - 22, 2024

JU9 (2016-2017)	U11 (2014-2015)		
Student:	Date of birth:		
Mailing Address:			
City:	Province/State	e:	Postal/Zip Code:
Phone #: ()	Email address:		
Date of Birth:	Height:	Weight:	Shoots (L/R)
Position:	Parents Names:		
Last Team Played For:			
Please complete and return this form to pgskcamps@sprucekings.bc.ca			
Total Amount of \$499 + GST (\$523.95) is owing at time of registration			
Cheque – make cheques payable to "Prince George Spruce Kings"			
*Cash must be done in person at Spruce Kings office			
Amount to be billed to credit card:			
Credit Card Type (Please check one): Visa Mastercard			
Card #	Expi	ry	-
Name on card			
Card Holder Signature			
$\hfill\Box$ By submitting this form, I h indicated above.	ereby give the Spruce Kings au	ithorization to de	ebit my credit card by the amount
The applicant and the parent/guardian agree to hold harmless the Prince George Spruce Kings Junior "A" Hockey Club, the City of Prince George, and the Spruce Kings Elite Development camp and any/or any person associated with this even from any claims or damages resulting from any accident or loss however it may be caused. Applicant will not be selected unless this waiver is signed prior to the start of each selected session. If submitting registration online, a signature will be required prior to the start of selected session. My signature below signifies that I have read and understand this waiver.			
Signature of Parent or Guardian	1:		Date: