



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

U9 (2016-2017)		U11 (2014	-2015)	
Student:	t	Date of birth:		
Mailing Address:				
City:	Province/S	State:	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 <u>pgskcamps@spruc</u>	ekings.bc.ca		
Total Amou	nt of \$499 + GST (\$523 .	.95) is owing at tim	e of registration	
Cheque – make cheques pay	able to "Prince George :	Spruce Kings"		
*Cash must be done in perso	on at Spruce Kings office	e		
Amount to be billed to credit	: card:			
Credit Card Type (Please che	eck one): Visa M	astercard	-	
Card #	E	xpiry	-	
Name on card				
Card Holder Signature				
\Box By submitting this form, I he indicated above.	ereby give the Spruce Kings	s authorization to de	ebit my credit card by the amoun	t

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: _____