



## 2024 Spruce Kings Elite Goalie Development Application Form - August 6 – 9, 2024

U13 (2012-2013)		U15 (2010-2011)		
Student:	Date of birth:			
Mailing Address:				
City:	Province/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 f	orm to pgskcamps@sprud	<u>cekings.bc.ca</u>		
Total Amour	nt of <b>\$499 + GST (\$523</b>	.95) is owing at time	e of registration	
Cheque – make cheques paya	able to "Prince George	Spruce Kings"		
*Cash must be done in perso	n at Spruce Kings offic	e		
Amount to be billed to credit	card:			
Credit Card Type (Please che	ck one): Visa M	astercard		
Card #	E	Expiry		
Name on card				
Card Holder Signature				
□ By submitting this form, I here indicated above.	reby give the Spruce King	s authorization to de	bit 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: \_\_\_\_\_\_ Date: \_\_\_\_\_\_