



2020 PROSPECTS CAMP

Please send completed forms to lbedgar@telus.net. Please mail payment (cheque) to the address at the bottom of this page. Please make all cheques payable to Saanich Braves Junior Hockey Club. Your spot will be confirmed upon receiving payment.

PLAYER INFORMATION SHEET

Players name _____ D.O.B (yyyy-mm-dd) ____/____/____ Age _____

Height _____ Weight _____ Home Address _____

City _____ Prov/st _____ Postal code _____

Player email _____ . Player cell _____

Parents names _____

Parents email _____ phone _____

Camp emergency contact _____

Position _____ Handness _____ 2019/20 Team _____

2019/20 coach _____

2019/20 Coach contact _____

2019/20 Player stats: G _____ A _____ PIM _____ GP _____

2019/20 Goalie stats: GP _____ W _____ GAA _____ SV% _____

Saanich Braves Junior Hockey Club
4520 West Saanich Road
Victoria, BC v8z 3e4





Saanich Braves Junior Hockey Club



Medical Questionnaire

Please answer the following questions.

Should any of these apply to you please explain when necessary

BC Care card / Health card # _____ Province Issued _____

Do you have/had any conditions or illnesses? _____
(ie. Diabetes, asthma, heart conditions etc)

Do you wear anything to assist with hearing or vision loss? _____

Are you currently prescribed to take any medications or supplements? _____

Do you have any allergies? _____

Have you had any concussions or head injuries? _____

If yes, how many? _____

When was your last one? _____

Do you have/had any recent injuries, or past injuries which still bother you? If yes, please explain.

WAIVER

AS PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER, I (PLEASE PRINT NAME IN FULL) _____ I DO HEREBY CONSENT TO SAID PLAYER PARTICIPATING IN ALL ACTIVITIES AT THE SAANICH BRAVES HOCKEY CLUB 2020 PROSPECTS CAMP AND HEREBY RELEASE, ABSOLVE, INDEMNIFY AND SAVE HARMLESS THE SAANICH BRAVES HOCKEY CLUB AND THE VIJHL, PLUS BOTH ORGANIZATIONS EMPLOYEES, OFFICERS, COACHING STAFF, MANAGEMENT AND OR VOLUNTEERS, FROM ANY CLAIM(S) WHICH MAY ARISE AS A RESULT OF HIS/HER PARTICIPATION. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE ABOVE ARTICLE AND DO HEREBY WAIVE ALL CLAIMS WHATSOEVER WHICH I OR THE ABOVE NAMED PLAYER MAY HAVE AGAINST THE SAANICH BRAVES HOCKEY CLUB AND OR THE VIJHL. **BC HOCKEY HAS MANDATED THAT ALL JUNIOR B HOCKEY TEAMS MUST WEAR FULL FACE PROTECTION. ALL PLAYERS MUST WEAR FULL FACIAL PROTECTION TO PARTICIPATE IN THIS CAMP.**

SIGNATURE OF PARENT OR GUARDIAN _____

DATE : ____/____/____

SIGNATURE OF PARTICIPANT: _____

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