

Castlegar Rebels Training Camp Registration Form

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

CONTACT: _____ PHONE: _____

PARENTS/GUARDIAN: _____

D.O.B: _____ HEIGHT: _____ WEIGHT: _____

2007/2008 TEAM: _____ LEVEL: _____

POSITION: _____ GP: ___ G: ___ A: ___ P: _____ PIM: _____

W: _____ L: _____ T: ___ GAA: _____ SV% _____

MEDICAL INFORMATION:

FAMILY DOCTOR: _____ PHONE: _____

MEDICAL CARD #: _____

LIST ANY SERIOUS INJURIES IN THE LAST 24 MONTHS: _____

LIST ANY MEDICAL ALLERGIES: _____

CAMP FEE: \$130.00 (TAX INCLUDED)

**PLEASE MAIL A CHEQUE OR MONEY ORDER MADE OUT TO THE
CASTLEGAR REBELS, ALONG WITH THIS COMPLETED REGISTRATION
FORM TO:**

**CASTLEGAR REBELS HOCKEY SOCIETY
214-2117 COLUMBIA AVE
CASTLEGAR, BC, V1N 2W9**

TEL: (250) 365-0911
FAX: (250) 365-0912