



Northwest Adventure Hockey Camp Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Phone (night) _____

Email _____

Birth date _____ Age _____ Jersey Size _____

Attending Camp: Squirt Pee Wee Bantam U16

Height _____ Weight _____

Position: _____ Forward/Defense **\$800.00** Goalies **\$500**

Roommate Requested _____

Medical Insurance Company _____

Medical Insurance Policy # _____

How did you hear about NWAHC _____

Camp Dates: Squirt: June 21-27 Pee Wee: June 28-July 4 Bantam: July 5-11 U16: July 12-18

In consideration of the acceptance of _____ as a student in **Northwest Adventure Hockey Camp**, the applicant agrees that **Northwest Adventure Hockey Camp** and/or their staff, coaches or employees will not be held responsible for any accidents, injuries, or loss of personal property, however caused, and agree to release the **Camp** from all claims or damages which may arise as a result of such accidents or loss. It is further agreed that all risks attendant to watching and/or participating in the **Northwest Adventure Hockey Camp** are assumed by the student and his/her parents and/or guardian and this assumption is acknowledged, approved by the signature hereto.

We have read the foregoing, and have explained its meaning to our son/daughter, and agree to the terms and conditions as stated. We the parents of the above signed applicant, give our consent to his/her participation in **Northwest Adventure Hockey Camp**.

Signature of Parent

Date

Applications must be accompanied by a 50% deposit, in the form of a check, money order or credit card swiped in our office. Payment in full is also acceptable. The entire balance is due fourteen days before the first day of the camp date chosen. Mail application, parental consent, and remittance to:

**Northwest Adventure Hockey Camp
1349 Center Drive
Medford, OR 97501**