



Collins Elite Hockey

PO Box 5433
Bellingham, WA 98227
www.collinselitehockey.com

2015 Camp Registration

Player Information

Name: _____	Date of Birth: _____
Address: _____ _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____
Email address: _____	
Parents Names: _____	Phone: _____
Email address: _____	

Hockey Information

Height: _____	Weight: _____	Position: _____	Shot: _____
Current Team (1): _____			
Current Team (2): _____			
Coach (1): _____	Phone: _____		
Coach (2): _____	Phone: _____		
Stats: GP: _____ G: _____ A: _____ P: _____ PIM: _____ +/-: _____ GAA: _____ S%: _____			
Hockey Honors / Awards: _____			

Camp Information

Please Check the camp (s) you are registering for:

- CEH Minor Camp – Ages 8-13 (July 20th – July 24th) Bellingham Sportsplex
 CEH Elite Camp (July 27th – August 7th) Bellingham Sportsplex



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Liability Waiver

PLAYER'S NAME: _____ July 20th to August 7th, INCLUSIVE

I grant the following Waiver/Release of the above named player's registration and participation in the Collins Elite Hockey Camp(s).

1. I understand and appreciate that there are risks of serious or other personal injuries in connection with the participation in activities both on and off ice of the Collins Elite Hockey Camp(s) and related activities.
2. I agree that the Collins Elite Hockey Camp(s), staff and the management of any building or facility where any activities may occur, and/or the persons responsible for the operation or maintenance of said facilities will not be responsible for any accident, injury or loss to said player, however caused.
3. I unconditionally release all of the aforementioned person(s) or entities from any or all responsibility for any injuries and/or loss which the said player may suffer while participating in any of the activities of the Collins Elite Hockey Camp(s), both on and off the ice.
4. I hereby covenant and agree not to sue or claim against the aforementioned person(s) or entities for any injury and/or loss whatsoever suffered by the said player and hereby waive any right that I, or the player, would have to do so. I also covenant and agree that no one else will sue or claim against the same person(s) or entities for any such injury and/or loss.
5. I agree to completely indemnify and to hold harmless the aforementioned person(s) or entities from any and all damages, costs, or expenses they may be liable to incur as a result of any claim made against them by the other person or entity as a result to the above noted player's participation in the Collins Elite Hockey Camp(s).
6. In the event of any injury or illness to the player, the instructor has my permission to act for me according to their best interest.
7. Further, I will not hold the aforementioned person(s) or entities responsible for any loss of property of the said player including equipment or personal belongings.
8. I sign this Waiver/Release on behalf of myself, the above named player and our heirs, assigns, or representatives.
9. In signing this Waiver/Release, I acknowledge that I have read it carefully and understand it.

Signed: _____ (Parent/Guardian)

Name: _____ (Please Print)

Submission Information

Only the qualified first (30) players will be accepted in each session.

Players will not be allowed on the ice without the completion of the following forms: Registration Form, Consent to Treat Form, Medical History, Bellingham Fitness Waiver (*Elite Camp only*).

Refund Policy: \$500 deposit in non-refundable. A credit note will be available in the event of injury or illness with proof of medical certificate.

Payment in full is required by beginning of camp.

Payment Options

Cash: _____ Check #: _____ Money Order: _____

Authorized Signature: _____