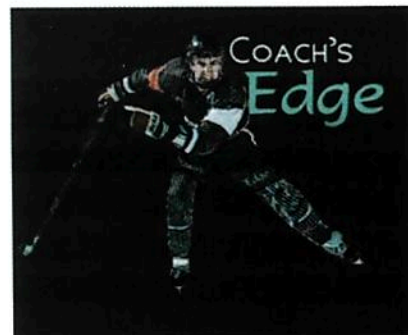




**2017 SEAC /Coach's Edge  
Developing Champions Camp  
August 26-30, 2017  
Medicine Hat FLC  
MEDICINE HAT, AB**



**PLAYER REGISTRATION SHEET**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PLEASE PRINT CLEARLY AS WE MAY USE THIS E-MAIL ADDRESS FOR FUTURE CORRESPONDENCE

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

MEDICAL NUMBER: \_\_\_\_\_ PROV: \_\_\_\_\_

PARENT'S NAMES: \_\_\_\_\_

CONTACT # \_\_\_\_\_

POSITION PLAYED: \_\_\_\_\_ SHOTS: L / R CATCH: L / R (GOALIES ONLY)

LAST TEAM PLAYED: \_\_\_\_\_

JERSEY SIZE: \_\_\_\_\_

PREVIOUS INJURIES FROM LAST 2 YEARS/ ANY ALLERGIES OR MEDICATION:

\_\_\_\_\_

\_\_\_\_\_

Please return to:

[askseac@gmail.com](mailto:askseac@gmail.com)

Deadline: **By August 10, 2017**

**Early Bird Registration of \$325 before July 15<sup>th</sup>. After July 15<sup>th</sup> the cost is \$350/player.**

Mail to: Box 21014 Medicine Hat T1A 6N0

\*No refunds after August 10<sup>th</sup>. 1/2 refunds for medical reasons (Dr.'s Note must be provided)\*