



**2016 SEAC / Coach's Edge
Developing Champions Camp
August 20-24, 2016
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 #'S _____

POSITION PLAYED: _____ SHOOTS: L / R CATCH: L / R (GOALIES ONLY)

LAST TEAM PLAYED: _____

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

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REGISTRATION INFO:

Spots are limited so please ensure you get your registration form in as quickly as possible. To enroll in this camp, please send your complete registration form to: askseac@gmail.com

To confirm your registration, forms and cheques must be received by August 1st. If we received your form, but do not received your payment by August 1st, your spot is not reserved.

Early Bird Registration of \$295 before July 15th. After July 15th the cost is \$325/player.

Please mail completed forms and cheques to: Box 21014, Medicine Hat AB T1A 6N0