## 2017 Victoria Grizzlies Registration Form

#### **General, Cancellation and Refund Policy**

- Players must be pre-registered and full payment must be provided.
- Victoria Grizzlies are not responsible for any lost or stolen property including hockey sticks, equipment etc.

### **Anti-Bullying Policy**

- The Victoria Grizzlies Hockey Club is committed to providing a caring, friendly and safe environment for all participants in our programs. Bullying of any kind will not be tolerated in our camps.
- Any player considered to be causing a nuisance, bullying, using derogatory language or causing disruption to other players or staff members will be expelled from the camp without refund or compensation.

## **Cancellation Policy**

- There is a non-refundable \$30 administration fee per player if you wish to cancel the camp. If written cancellation is received by the Victoria Grizzlies office at least 10 days prior to start of the camp, a refund (less the non-refundable \$30 admin fee per player) will be provided. There are no refunds given due to bad weather.
- There are NO REFUNDS, CREDITS or TRANSFERS for any reason 10 days prior to our camp registration date.

# PLEASE HAVE COMPLETED FORMS INTO THE GRIZZLIES OFFICE BY JUNE 30, 2017

 ALL PLAYERS AND GOALIES will be individually selected and you will be notified upon acceptance.

#### Medical

• If your player has a medical condition, please inform us in detail and complete a medical form. You must have medical number on form for registration. camp@victoriagrizzlies.com

#### Accommodation

• You will be provided with a list of hotels that have camp rates for your convenience.

I will be attend	ling the:	□ Whis	tler, BC Io	lentifica	ation Camp Ju	ly 21 <sup>st</sup> - 23 <sup>rd</sup>	<sup>d</sup> , 2017	1998-2002 D	OB										
Name: Phone: (area code) Address: Province/State: Height:					Birth Date (M-D-Y):														
					City:  Postal/Zip Code:  Email:														
										Position #1:					Position #2:				
										Last Years Tea	am: (Leagu	e, Divis	ion, etc.)	):					
										Forwards: Defense: GP Goalies: GP	G	A	PTS	+/					
										Coach's name a	nd phone #:								
Father's Name:					Nother's Name:														
Care Card - Pers	onal Health N	No:																	
Injuries and/or M	Medical Prob	lems the	Trainer sh	ould be a	aware of :														
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By signing thi	is consent f	form I c	onfirm th	nat I hav	ve READ and	understan	d the REI	FUND POLIC	IY.										
Signature of parent or guardian:						Date:													
	Regist	tration	Fee: \$2	262.50	(GST inc.)	<u>DUE DA</u>	ATE: JUI	NE 30, 201	<u>7</u>										
Method of Pa	yment by	June 30	<b>0/17</b> : □ \	/ISA □	MasterCard	□ Mone	y Order	□ Debit/E-	Γransfer										
Credit Card #						_Expires:		CV											
Send comp	leted for	m to:	ramn@	victori	iagrizzlies (	om or F	ax: 250	-385-1550	n										

VICTORIA GRIZZLIES HOCKEY CLUB #6 – 1767 ISLAND HIGHWAY, VICTORIA, BC V9B 1J1