



Sherwood Park Kings Athletic Club
Zone 7 Prep-Camp
Bantam Players Born 1995

Please Print Clearly

Last Name	First Name	Middle Initial	Date of Birth (Month/Day/Year)	
			, 1995	
Address		Telephone Number	Additional Telephone	Cell Number
		Postal Code	Email Address	
AHC Number (REQUIRED)		Medical Information: (Allergies or other maladies)		
Father's Full Name [Address if different]		Mother's Full Name [Address if different]		Guardian's Full Name
2009-10 Association Registered with (i.e. Sherwood Park)		Position		

Waiver

In consideration of the Kings Athletic Club Zone 7 Prep-Camp allowing my son to participate, the undersigned being the lawful parents/guardians of the player named hereon, hereby releases and forever discharges the Kings Athletic Club from all claims, demands, costs, expenses, damages, suits, general or consequential damages, and injuries, howsoever caused including and without limiting a generality of the forgoing, any negligence of the aforementioned persons, for or in respect to our/my child in the hockey program or related activities of the Kings Athletic Club Zone 7 Prep-Camp

Parent / Guardian

Fees

Payment for the Zone 7 Prep-Camp must accompany the registration.

\$100.00 per player

Please make cheque payable to *Sherwood Park Kings Athletic Club*.

Mail or Drop off

Registration Form and Cheque to:
Sherwood Park Kings Athletic Club (Mail Boxes Etc.)
Box 63, 240-222 Baseline Road
Sherwood Park, AB T8H 1S8
OR
SPKAC Registration Director Arena mailbox
(across from Crusader's dressing room)

Registrations will be accepted on a first come basis only.