



Valley West Hawks  
2014 Spring Conditioning Camp

2014 Spring Conditioning Camp is focused on preparing midget (99, 98, 97) players for tryouts in conditioning, compete and game situations.

**This camp is purely a conditioning camp and will not be used for evaluation purposes.**

**To Register:** Complete this registration form & email to [vwhawks@gmail.com](mailto:vwhawks@gmail.com). All registration fees must be paid in full by cash or cheque to confirm your registration. Please make cheques payable to: Valley West Hawks Hockey Club.

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**Last Name:**

**First Name:**

**Position\*:**

**Birthdate:**

**Address:**

**Parent/Guardian:**

**Telephone:**

**Email:**

**Emergency Contact  
Name:**

**Relationship:**

**Phone number:**

\*Please note instruction is only provided for skaters. Goalies register free of charge;

Maximum of 2 goalies at session  
[www.vwhawks.ca](http://www.vwhawks.ca) @vwhawks

File #: 15-7900-20/DPAV1/2014-1 Doc #: 1693107.v1

## Camp Attending:

- Tuesday / Thursday. Langley Sportsplex  
First Class: 3 June 2014  
Last Class: 26 June 2014  
Time: 6:15 pm – 7:15 pm  
Cost: \$200.00\*

## You are not registered until you receive a confirmation email

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**Registration, Payment & Refund Policy:** Please fill out form and forward with full payment (non-refundable) payable to Valley West Hawks Hockey Club. Absolutely no refunds will be given, including a “no show”, anyone who leaves on his own desire or has been expelled or dismissed for any misconduct, no exceptions. Refund will be available in the event of an injury or illness with the proof of a Dr's medical certificate. NSF cheques will be subject to a \$25.00 service charge.

- I accept these terms

**Disclaimer** - We the applicant and his/her parents or legal guardians agree that The Valley West Hawks, its owners, officers, employee's, instructors, agents, coaches, supervisor's along with the ice arena, recreational facility and their staff shall not be liable for nor held responsible for any incident or loss however caused and agree to release all mentioned parties from all claims and damages. I further verify that I am aware that my child will be participating in on ice sessions and at his/her own risk, and is in good health with No Medical Problems unless otherwise specified in writing. We further agree to be responsible for all medical and dental claims and/or insurance not covered.

- I accept these terms

**Questions? Contact us at: [vwhawks@gmail.com](mailto:vwhawks@gmail.com)**

Please contact us for mailing address if paying by cheque.

Payment by cash is accepted prior to stepping on the ice on the first day.

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