

# ONE GOAL

## YHA LIONS EVALUATION CAMP APPLICATION FORM

APRIL 6-8, 2018

SPACE IS LIMITED, Please complete the Application Form and return it promptly to ensure your child's participation in this camp.

PLEASE CHECK ONE  MIDGET  BANTAM

Player's Name	
Mailing Address	
City	
Postal Code	
Home Phone	
Parent's Name	
Cel. Phone	
E-Mail	
Care Card Number	
Minor Hockey Team	
Preferred Position	

### WHAT TO EXPECT...

- \* Each Player receives a minimum of 4 Ice Times
- \* Top Prospect Game Sunday afternoon
- \* Goalies receive a private GOALIES ONLY session
- \* Exit Meeting with Yale Coaching Staff
- \* Detailed Evaluation to be sent home

**COST \$225.00**

- I \_\_\_\_\_ (Player's Name) am prepared as a successful candidate to sign a Standard Player Agreement, and be registered through the Hockey Canada Registry as a player for Yale HCSS (Hockey Canada Sport School) at the completion of this Evaluation Weekend for the 2018/19 hockey season. \_\_\_\_\_ (Initial)
- Please Note that as a successful candidate, I must maintain a 'B' Academic Average to be considered for the 2018/19 hockey season \_\_\_\_\_ (Initial)

**Full Payment must accompany this form (\$225.00). Please make checks payable to the YSA Development.**

**MAIL TO:** Yale Hockey Academy Evaluation Camp **C/O Billy Wilms** - 34620 Old Yale Road, Abbotsford, BC, V2S 7S6

# ONE GOAL

## PLAYER PROFILE

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

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

SHOT: \_\_\_\_\_

CURRENT GPA: \_\_\_\_\_

### INTERESTED IN PLAYING

#### BANTAM

- VARSITY
- PREP OR VARSITY
- PREP ONLY

#### MIDGET

- E15 ONLY
- U18 PREP OR E15
- U18 PREP ONLY

PREFERRED POSITION: \_\_\_\_\_

CAN YOU PLAY A 2<sup>ND</sup> POSITION  No

YES \_\_\_\_\_

### WESTERN HOCKEY LEAGUE DRAFT STATUS

DRAFTED WHL TEAM: \_\_\_\_\_

LISTED WHL TEAM: \_\_\_\_\_

N/A

### PREFERENCE

- WHL
- NCAA
- UNDECIDED

### 2017/2018 SEASON

TEAM: \_\_\_\_\_

HEAD COACH: \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

# ONE GOAL

## CANCELLATION AND REFUND POLICY - PLEASE READ CAREFULLY

All cancellations **MUST** be made in writing. **FULL** refunds will be made for medical reasons **ONLY**. A copy of the doctor's certificate will be required. If you cancel for any other reason, you will be reimbursed 50% of the camp cost.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date (M/D/Y)

## WAIVER OF LIABILITY - PLEASE READ CAREFULLY

We the applicant and his/her parents agree that THE YALE HOCKEY ACADEMY, YSA DEVELOPMENT & SCHOOL DISTRICT 34 It's owners, directors, and instructors along with the ice arena, recreational facility and its employees are not liable for nor held responsible for any incident or loss however caused and agree to release same from all claims and damages. I understand that the program for which I have given my permission may be hazardous and that injuries may occur in the normal course of play or instruction, and I assume all risks and hazards incidental to my child's participation including transportation to and from activities. We further agree that the applicant has no medical problems and is in good physical health and we will be responsible for all medical, dental and/or insurance claim. THE YALE HOCKEY ACADEMY, YSA DEVELOPMENT & SD 34 reserves the right to use any photos taken during our programs for advertising and/or instructional purposes.

I certify to the best of my knowledge and in consultation with my child's doctor, my child has no physical infirmities or sickness except as follows

Please list any such conditions of which you are aware

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date (M/D/Y)