



## **Abbotsford Pilots 2025 Spring Prospect Camp Registration Form**

### **Player Requirements:**

Camp Date: Saturday, April 19 to Sunday, April 20, 2025

Location: MSA Arena

Age Category: Players born through the years 2005 to 2010

Goaltenders: Only 12 Goaltender positions will be accepted

### **Registration:**

Payment can be submitted by cheque or e-transfer. Please make cheques payable to the Abbotsford Pilots Junior Hockey Club. E-transfers to [abbotsfordpilots@shaw.ca](mailto:abbotsfordpilots@shaw.ca). Spring Prospect Camp fee must be paid in full when the registration form is sent. Check in from 8:30 - 9:30 am, Saturday, April 19.

### **Please Note:**

Until March 1, 2025, refunds will be subject to a \$100.00 service charge. After March 1, 2025, no refunds will be issued.

**If you are already carded with ANY JUNIOR HOCKEY CLUB, please disregard this Camp Notice/Invitation.**

### **Contact Information:**

Email: [abbotsfordpilots@shaw.ca](mailto:abbotsfordpilots@shaw.ca)

Mail: Abbotsford Pilots Jr Hockey Club  
34816 Orchard Drive  
Abbotsford BC V3G 2B4

Phone: 604-854-0606

### **Accommodations:**

If required, email: [abbotsfordpilots@shaw.ca](mailto:abbotsfordpilots@shaw.ca) or call 604-854-0606



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### **Personal Information (Please print legibly)**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### **2024/2025 Hockey Information**

Team Name, League and Category: \_\_\_\_\_  
Coach's Name: \_\_\_\_\_ Coach's Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Shoots (L/R): \_\_\_\_\_ Save % (Goalie): \_\_\_\_\_  
GP: \_\_\_\_\_ Goals: \_\_\_\_\_ Assists: \_\_\_\_\_ +/-: \_\_\_\_\_ PIM: \_\_\_\_\_  
NHL Player you play like: \_\_\_\_\_  
List a Strength and a Weakness as a player: \_\_\_\_\_  
\_\_\_\_\_  
Sports Awards over last two years: \_\_\_\_\_

### **Academic Information**

School Name: \_\_\_\_\_ Grade Completing: \_\_\_\_\_  
GPA: \_\_\_\_\_ Favourite Subject (not Phys Ed): \_\_\_\_\_  
Teacher Reference Name: \_\_\_\_\_ Teacher Reference Phone #: \_\_\_\_\_

### **Payment Info (\$380.00/Skater - \$425.00/Goaltender)**

Method of Payment (Cheque / E-transfer): \_\_\_\_\_  
Signature: \_\_\_\_\_

In consideration of the participant and his/her parent/guardian being permitted to register the participant and participate in the Abbotsford Pilots 2025 Spring Prospect Camp, we hereby forever release and discharge the Abbotsford Pilots Junior Hockey Club and its directors, agents, employees and any person or corporation connected herewith from all the manner of action, injury, damages, cost, claims or demands which we shall or may hereafter have, suffer or receive by reason of such participation in the camp. The release shall be binding on our heirs, assigns, executors and administrators. It is agreed that the Abbotsford Pilots Junior Hockey Club does not and shall not be consider to guarantee or warrant such equipment in the conducting of the said camp. It is further agreed the Abbotsford Pilots Junior Hockey Club is not responsible for lost hockey equipment. There are no exceptions. No refunds will be provided after March 1, 2025. All refunds are subject to a \$100.00 service charge. Your signature confirms that you have read and understand our cancellation policy.

Signature of Applicant (if over the age of 18): \_\_\_\_\_  
Signature of Applicant's Parent/Guardian (if under 18): \_\_\_\_\_  
Date: \_\_\_\_\_



## MEDICAL INFORMATION SHEET

Name: \_\_\_\_\_ Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Provincial Health Number: \_\_\_\_\_

Address: \_\_\_\_\_ City & Province \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

### Emergency Contact in case Parents are not available:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

In the event that no one can be contacted, team management will take my child to the Hospital / an M.D if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize the release of information to appropriate people (coach, physician) as deemed necessary.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_