



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. 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

Mail: Abbotsford Pilots Jr Hockey Club

34816 Orchard Drive

Abbotsford BC V3G 2B4

Phone: 604-854-0606

Accommodations:

If required, email: abbotsfordpilots@shaw.ca or call 604-854-0606



Abbotsford Pilots 2025 Spring Prospect Camp Registration Form

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: _____