

# 2019 WSHL and WPHA Junior A Prospects Camp Registration



## Player Information:

Players Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

2018 / 2019 Team: \_\_\_\_\_

Position Played: \_\_\_\_\_ Shoot: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## Emergency Contact Information:

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

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

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

Please etransfer your \$160 registration fee & email form to: [todd.white1977@gmail.com](mailto:todd.white1977@gmail.com)

All forms and fees must be submitted on or before May 1st, 2019

