



Grand Forks Border Bruins Main Camp Registration

Camp Dates: September 1st, 2nd, and 3rd, 2009

Location: Grand Forks Arena

2020 Central Avenue (Highway #3), Grand Forks, BC

Sign-in: September 1st, 2009, 12:30 – 1:30 at the Grand Forks Arena

Cost: \$120.00 – Please enclose cheque or money order when returning this form

Last Name _____ First Name _____

Birth Date _____ Position _____ Ht _____ Wt _____
month day year

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Citizenship: Canada / U.S.A. Other _____

I last registered with the following team(s):

Year _____ Team name _____ Branch _____

Return to: Grand Forks Border Bruins, PO Box 1433, Grand Forks, BC V0H 1H0



Hockey Camp Waiver

In consideration of being allowed to participate in any way in the Bruins Hockey Camp, related events and activities, the undersigned acknowledges, appreciates, accepts and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death. While particular rules, equipment, and personal disciplines will reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASES or others and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Border Bruins Hockey Club, their officers, directors, officials, agents, sponsors, advertisers, and if applicable owners and lesser or premises used to conduct the event releases WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to a person or property, WHETHER CAUSED BY NEGLIGENCE OF RELEASES OR OTHERWISE.

I have read this release of liability and assumption of risk agreement, fully understanding its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without inducement.

Participant signature: _____

Date Signed: _____

Witness: _____

For Participant of Minor Age (underage at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his release as provided above, of all the releases and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Release for any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

Parent/Guardian Signature: _____

Date Signed: _____

Witness: _____

Emergency Telephone #: _____

Medical #: _____