



Tim Jardine Bantam AAA Showcase

HOSTED BY SOUTH DELTA MINOR HOCKEY

November 8, 2009 to November 11, 2009

PO Box 247, Delta, BC, V4K 3N7
Phone: (604) 946-7576 Fax: (604) 948-3418
E-Mail: sdmha@telus.net

INDIVIDUAL PLAYER INFORMATION & WAIVER FORM

First Name: _____ **Last Name:** _____

Birth date: (Y) _____ (M) _____ (D) _____ **Citizenship:** _____

Home Mailing Address: _____ **City:** _____

Province or State: _____ **Home Phone No.** (_____) _____

Postal or Zip Code: _____ **Home Fax No.** (_____) _____

Home E-Mail Address: _____ **Do you have regular access to the internet?** _____

Height: ____ft. ____in. **Weight:** _____ lbs. **Shoots:** L / R **Position** (F, D, G): _____

Father's Name (First and Last): _____ **Home Phone No.** (_____) _____

Home Address: _____ **Work Phone No.** (_____) _____

City and Province or State: _____ **Work Fax No.** (_____) _____

Postal or Zip Code: _____ **Work E-Mail Address:** _____

Mother's Name (First and Last): _____ **Home Phone No.** (_____) _____

Home Address : _____ **Work Phone No.** (_____) _____

City and Province or State: _____ **Work Fax No.** (_____) _____

Postal or Zip Code: _____ **Work E-Mail Address:** _____

A "Scouting Package" is made available to attending Junior team scouting personnel. Do you give permission for copies of this Form to be distributed to Junior team scouts? Yes: _____ No:_____ (please indicate with your initial)

A website will be administered which contains the team photo (if supplied), as well as player profiles. The profiles will only contain the info in the underlined fields above. Furthermore, local newspapers may wish to publish images of the players in action. Do you give permission for the above stated usage of player profiles and images? Yes: _____ No:_____ (initial)

Name of Parent / Guardian: _____

Signature: _____