



KOOTENAY WILDCATS - Evaluation Camp Registration

Player Information

Name First _____ Last _____

Date of Birth # MM ____ DD ____ YY ____

Street Address _____

City/Postal Code _____

Phone Number (s) _____

Email _____

MHA _____

Position Forward ____ Defence ____ Goalie ____

Height ____ Weight ____

Legal Guardian Information

Name First _____ Last _____

Relationship _____

Phone Number (s) _____

Email _____

Name First _____ Last _____

Relationship _____

Phone Number (s) _____

Email _____

Medical Information

BC Care Card # _____

Family Doctor _____

Phone Number (s) _____

Emergency Information

Name First _____ Last _____

Relationship _____

City/Town _____

Phone Number (s) _____



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Medical History

	YES	NO	DATE
Hospitalized in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Presently injured?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Injuries requiring medical attention?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wears dental appliance?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ill longer than one week in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wears contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies to medication, etc?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthmatic?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trouble breathing during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetic?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fainting during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epileptic?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Difficulty hearing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interfering health problems?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Learning disability?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medic alert bracelet?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wears glasses?	<input type="checkbox"/>	<input type="checkbox"/>	_____
History of concussions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Taking medications?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	_____

If you selected YES to any of the aboves medical conditions that may affect your ability to fully participate in the evaluation camp, please specify below.

Player Signature _____

Date _____

Parent Signature _____

Date _____



BC HOCKEY
FEMALE MAJOR MIDGET LEAGUE EVALUATION CAMP
August 14 - 15, 2010



Kootenay Wildcats Aug 14-15 Evaluation Camp

Registration Fees \$50. (Players lunch on Saturday included)
Registration & Orientation at Nelson & District Community Complex.
Ice times are at the Nelson & District Community Complex.
Fitness Testing site at Lakeside Park.

Saturday, August 14, 2010

9:00 am Registration
9:30 am Orientation Meeting - Parents
Players Warm-up
10:15 am Group White/Black (Pre Ice) Dressed in Gear
10:30 am White/Black Group - Ice Session (90 min)
12:30 pm Lunch - Players
2:00 pm Fitness Test
4:30 pm Game #1 White vs. Black (90 min)

Goaltenders: switch at intervals equal to number of goaltenders.

Sunday, August 15, 2010

9:30 am Players Warm-up
10:15 am Group Black/White (Pre Ice) Dressed in Gear
10:30 am Game #2 Black vs. White (90 min)
1:00 pm Player Interviews

Evaluation Camp Registration

- All out of town players must have signed home MHA Permission Form.
- Camp registration and fees accepted Saturday, August 14.
- Deadline to confirm camp attendance Tuesday, August 10.

Evaluation Camp Contacts - Kootenay Wildcats Team Officials

Head Coach: Paul Matteucci h.250-267-7232 c.250-231-1588
Co-Managers: Chris Vlanich h.250-368-5342 c.250-231-5342
Mike Bonacci h.250-364-2849 c.250-368-7475

Kootenay Female High Performance Rep

Jay Elliot h.250-426-4396 c.250-421-7843