



**EAST KOOTENAY AVALANCHE
c/o BC HOCKEY**

6671 Oldfield Road, Saanichton, BC V8M 2A1
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**Parent Consent for Affiliated Players
Bantam Tier 1**

I _____, give my permission for _____, to be affiliated to
(Parent Name) (Player's Name)
the District EK Zone Bantam Tier 1 team for practices and games.

I understand that by signing below if I was not registered prior to the ID Camp that I will have to pay to the team a sum of \$200.00 to help offset the ice costs for practices throughout the season. Further to this registration fee I will be charged an amount of \$200.00 for every 3 games that the player plays. If the games that the above player is asked to attend require travelling with the team on the bus (away games) then a fee of \$150.00 will be charged to cover hotel room (each night at \$50.00) and 2 days of meals (each day at \$50.00). All cheques are to be made payable to EK Bantam Tier 1.

Date: _____

Print Parent Name: _____

Signature: _____

Date: _____

Association President: _____

Please email this completed form to EK Zone Coordinator at ekmha@shaw.ca

