



# Airdrie Techmation Thunder

## 2026 Main Camp REGISTRATION

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**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Alberta Health Care Number:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Shot:** Left Right **Team Last Played For:** \_\_\_\_\_

**Is a Release Required?** Yes No **Email:** \_\_\_\_\_

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### Emergency Contact Information

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Relation:** \_\_\_\_\_