FUTURE GENERALS HOCKEY CAMP

SUMMER 2019 REGISTRATION FORM

Player Name:	Date o	f Birth (dd/m	m/yy):			_
Participant's age group as of Sept	ember 2018: П 7-8	3 9- 10	11- 13			
Position:	ence G Goalie	Ye	ars Played	d:		
Jersey Size: Youth: \square M \square	L Adult: D S D M	□ L □ XL				
Level: AAA AA AA AA AA	Select		17	INE	DAD	v
Parent / Guardian Name:			ITINERARY Ilmited space available per group.			
Address:			AGE	7 - 8	9 - 10	11-13
City:	Postal Code:		CHECK IN		9:30am	12:30pm
Home Phone:			OFF ICE	9-10 10-11	10-11 11-12	1-2 2-3
Email:			ON ICE Sign out	11-12 12:15pm	12-1 1:15pm	3-4 4:15pm
Player's OHIP #:						
Pertinent Medical Information / A						
In consideration of acceptance as a camper, we agree to action, damages, and demands by the undersigned app We further agree to indemnify and save harmless such defending such claims or actions. We also grant permiss of advertising, marketing, publicity or other purposes in We have read the release and understand this in full and have read over the agreement and understand the resp	licant, their parents/guardians for loss or inju parties from all claims, actions, causes of acti sion to the use of photographs of the particip connection with the activity without compet d final release of all claims for injuries or dam onsibilities we have assumed here-under.	ory resulting directly from the conference on, damages, and deminant for the purpose on the conference or appointment on the conference on the conference of	om the participa nands, including roval (except wh	tion of sucl costs and of nere prohib Hockey Ca	n applicant in expenses incu ited by law). mp and	this program.
Cost: \$315 ^{+tax}						
Method of Payment:	☐ Cheque (made payable to Oshaw	a Generals)	′isa □ N	1asterC	Card	
Credit Card #:		Expiry Date:				

A REFUND WILL BE ELIGIBLE UNTIL 60 DAYS BEFORE AUGUST 23 2019

*SUBJECT TO \$100 ADMIN FEE

PLEASE COMPLETE AND RETURN

(905) 433-0868 FAX

Oshawa Generals 99 Athol Street East Oshawa, Ontario L1H 1J8 MAIL OR DROP OFF



QUESTIONS?

Please Contact
JOE CRIMI

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