



SMITHS FALLS JR BEARS TRYOUT CAMP  
Sept 1st-9th Smiths Falls Memorial Centre

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Position: \_\_\_\_\_ Shot: \_\_\_\_\_

Height : \_\_\_\_\_ Weight: \_\_\_\_\_

Last Level Played: \_\_\_\_\_ Team Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prospect camp will cost \$199 (+HST) for players.

Please drop off completed form and payment to:  
Josh Filoso @ 1743 St Laurent Blvd, Unit 225

Or email to [joshfiloso@gmail.com](mailto:joshfiloso@gmail.com)

If paying by credit card

Type of card: Mastercard/Visa

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

If paying by e-transfer, send to [joshfiloso@gmail.com](mailto:joshfiloso@gmail.com)

Please add PLAYER NAME+ JR BEARS TRYOUTS in notes of e-transfer

Cancellation Policy: No refund is provided if application is cancelled within 2 weeks of camp date. A \$50 dollar processing fee is charged otherwise. The above applicant will not hold the owners and staff of the Smiths Falls Bears Hockey Club liable/responsible for damages, loss or injury which may occur and hereby release the Smiths Falls Bears Hockey Club from any actions which may occur while attending the Smiths Falls Bears Evaluation Camp. This release covers traveling to and from the arena as well as any and all activities on and off the ice.