



SMITHS FALLS JR BEARS TRAINING CAMP
PLAYER SIGN UP FORM

Name:

Address:

City:----- Province:-----

Postal Code: -----

Telephone Number: -----

Email Address:-----

Date of Birth: -----

Emergency Contact Name: ----- Telephone Number:-----

Medical Conditions:-----

Health Card #: -----

Signature: ----- Date: -----

Camp will cost \$225.00(+HST) for players. (\$ 254.25 TOTAL AFTER TAXES)

Please email completed form and payment to:
Josh Filoso @ 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

Please add PLAYER NAME+ JRB BEARS TRAINING CAMP in notes of e-transfer

Cancellation Policy: No refund is provided if application is cancelled within 2 weeks of start 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 Training Camp. This release covers traveling to and from the arena as well as any and all activities on and off the ice.