



SMITHS FALLS BEARS SPRING PROSPECTS CAMP
PLAYER SIGN UP FORM

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone Number: _____

Email Address: _____

Date of Birth: _____

Current Organization/Team: _____

Level (e.g., U16 AAA, U18 AA, Etc): _____

Position: Forward Defense Goalie

Emergency Contact Name: _____ Telephone Number: _____

Medical Conditions: _____

Health Card #: _____

Signature: _____ Date: _____

Camp will cost \$325(+HST) \$367.25 AFTER TAX

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+ BEARS SPRING PROSPECT 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 Skills Camp. This release covers traveling to and from the arena as well as any and all activities on and off the ice.