



Ottawa Junior 'A' Senators Hockey Club

And The

Ottawa Junior Senators AAA Hockey Camp Player Registration

Ottawa Junior 'A' Senators
Ottawa Junior Senators AAA Hockey Camp

Name:

Address:

City: Province:

Postal Code: Telephone Number:

Email Address:

Position: Shoot:

Birthdate: Height: Weight:

Level Played 2006-2007: Team Name:

Emergency Contact, Name: Telephone Number:

Any Medical Conditions We Should Be Aware Of:

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..... OHIP #:

Signature: Date:

(Parent or Guardian please sign if applicant is under 18)

Please return this form completed with payment to:

Ottawa Junior Senators AAA Hockey Camp
Suite 200 – 2650 Queensview Drive
Ottawa, ON K2B 8H6

Please include: your \$ **\$325.00** cheque, made payable to: **Ottawa Junior Senators AAA Hockey Camp**

If Paying by MasterCard or Visa:

Type of Card (Please Check): MasterCard Visa

Card Number: Expiry Date:

Name on Card: Signature:

Date received:	Team:	Position #:	Preferred Jersey #:
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The above applicant will not hold the owners and staff of either the Ottawa Junior Senators AAA Hockey Camp or the Ottawa Junior "A" Senators Hockey Club liable/responsible for damages, loss or injury which may occur and hereby release the Ottawa Junior Senators AAA Hockey Camp and the Ottawa Junior "A" Senators Hockey Club from any actions which may occur while attending the Ottawa Junior Senators AAA Hockey Camp. This release covers traveling to and from the arena as well as any and all activities on and off the ice.

