

## GOALIE CAMP

**APRIL 25-26** 

\$225 + HST

TWO 1.5hr WORKOUTS
WITH OUR GOALE
COACH AND STAFF

IF YOU ARE SELECTED FOR MAIN CAMP, AN ADDITIONAL \$250 WILL BE CHARGED



## BLADES MAIN CAMP

**APRIL 26-28** 

\$385 + HST

MAIN CAMP -GUARANTEED 4 GAMES

ALL PARTICIPANTS
RECEIVE AN OAKVILLE
BLADES TRAINING CAMP
PACKAGE INCLUDING A
MEMORIBILLIA JERSEY

FOR INFORMATION CALL 1 (905) 925-3879 Please send registration to scott@6amsports.com or mail to Oakville Blades, Sixteen Mile Sports Complex, 3070 Neyagawa Blvd., Oakville,ON., L6M 4L6



## ROOKIE CAMP REGISTRATION FORM

Please send registration to scott@6amsports.com or mail to Oakville Blades Sixteen Mile Sports Complex 3070 Neyagawa Blvd Oakville,ON L6M 4L6

Participant's Name: (Please print)		
Address:		
(Please print)  City: (Please print)	Province: Postal Code:	
	Cell Phone:	
Email:  ^This is the email address that all notifications were addressed as a second control of the control of	vill go to (e.g. game times)	
Participant's Date of Birth (yyyy/mm/dd):		
If under 18 years of age, I have notified my parent(s) of	the waiver below and they agree. ☐ Yes ☐ No	
Parent's Name: (Please print)		
Parent's Cell: Parent's	Email:	
Position(s) played: ☐ Left Wing ☐ Centre ☐		
Shot: ☐ Left ☐ Right Height:	•	
2023-2024 Team: (Please print)	amily Advisor Name: (Please print)	
High School Average: T Shir		
Sell Yourself!:		
(Please print)		
Pricing: ☐ Goalie Symposium April 25-26 \$225 +HS ☐ Main Camp April 26-28 \$385 +HST = \$4		
Payment: ☐ Cash ☐ Certified Cheque (payabl	e to Oakville Blades Hockey Club)	
☐ E-Transfer to: payments@oakvilleblades Question: What is the pass Answer: oakblades (use al Comments: Include player	sword provided?	

## PLAYERS MUST REGISTER AND PAY PRIOR TO CAMP. REFUND AVAILABLE ONLY WITH A DOCTOR'S NOTE

THE UNDERSIGNED IS RESPONSIBLE FOR THE CONDUCT OF THE PLAYER WHILE PARTICIPATING IN THIS PROGRAM. THE PLAYER SHALL BE GOVERNED BY THE RULES ESTABLISHED BY OAKVILLE BLADES JR. A HOCKEY CLUB. MISSED DATES WILL NOT BE REIMBURSED. IT IS UNDERSTOOD THAT THE UNDERSIGNED PERSON OF LEGAL AGE OR LEGAL GUARDIAN SHALL NOT HOLD THE LEAGUE OR THEIR INSTRUCTORS, ADMINISTRATORS, OFFICIALS, OR THE FACILITY USED LIABLE IN THE EVENT OF INJURY OR LOSS IN ANY MANNER WHATSOEVER. I SPECIFICALLY WAIVE, GIVE UP AND RELEASE OAKVILLE BLADES JR. A HOCKEY CLUB, ITS RELATED COMPANIES AND THEIR STAFF FROM ALL LIABILITY FOR ANY CLAIM FOR DAMAGES WHICH I MAY HAVE RELATING TO INJURIES OR ILLNESS THAT I MAY SUSTAIN. BY SIGNING THIS WAIVER, I ALSO CERTIFY THAT I AM IN GOOD HEALTH, WITH NO CHRONIC ILLNESS OR ABNORMAL TENDENCIES. THE PLAYER LISTED ABOVE IS REGISTERED UNDER THE CARE OF THE UNDERSIGNED AND ASSUMES ALL RISKS THROUGH ENROCLIMENT IN THIS PROGRAM WHICH CONSISTS OF PHYSICAL INTERACTION CAPABLE OF INJURY. THE PLAYER MUST WEAR ALL APPROVED HOCKEY EQUIPMENT INCLUDING HELMET, FULL FACE MASK, SHIN PADS, ELBOW PADS, HOCKEY GLOVES, HOCKEY PANTS, SHOULDER PADS, MOUTH GUARDS AND HOCKEY SHIRT. I HAVE READ AND UNDERSTAND ALL ITEMS ON THIS PLAYER FORM. I UNDERSTAND THAT I AM PERMITTING OAKVILLE BLADES JR. A HOCKEY CLUB AND/OR ITS RELATED COMPANIES TO USE THE PARTICIPANTS' NAMES AND OR PICTURES FOR ADVERTISING PURPOSES.

Parent/Guardian Signature:	Date: