



Rockland Nationals Junior A PROSPECTS CAMP

June 7th to 9th, 2019

@ CIH Arena, 8710 County Road 17, Rockland, ON

Participant Name:	Address:
City: Prov/State:	Postal Code/PO Box #:
Email:	Shoots: L or R (circle)
Position:	Height:
Birthdate (D/M/Y):	Weight: lbs
Level Played in 2018-2019:	Team Name (2018-2019):
Medical Conditions:	
OHIP#:	
Emergency Contact Name:	Emergency Contact Number:
Participant's Signature (Parent's if participant is under 18) x	Date:

<p>Please return this completed form to: Rockland Nationals Junior A 995 Belvedere Avenue Rockland, Ontario K4K 1H3</p> <p>Or scanned by e-mail to: RocklandNatsJRA@hotmail.com</p>	<p>Please include your cheque (if returning form by mail) in the amount of \$310.75 (\$275 plus HST), made payable to: Rockland Nationals Junior A</p> <p>Or</p> <p>Send payment via E-Transfer to : RocklandNatsJrA@hotmail.com with password as: natsprospect</p>
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Cancellation Policy
 Because of the "SOLD OUT" nature of this camp, No Refund is provided if application is cancelled within 2 weeks of camp date. A \$25 processing charge applies otherwise.

Waiver and Release
 I acknowledge that by participating in this Camp, I, the Participant, hereby waive, release and discharge the Rockland Nationals Junior A Organization and representatives for all liability for or by reason of any damage, loss or injury (including death) to myself or my property which has been or may be sustained as a results of my participation in the Evaluation Camp, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the Rockland Nationals Junior A Organization or representatives' negligence.