

TRYOUTS

Cumberland Bandits Jr Hockey Club

Ray Friel Recreation Complex

Starting September 11, 2010



PLAYER REGISTRATION			
First Name:		Last name:	Initial:
Address:			
City:	Province:		Postal Code:
Home:	Cell:	Other:	
Email:			
Preferred Position:		Shoot:	
Date of Birth: yyyy/mm/dd		Height:	Weight:
Year:	Level Played: (e.g. Major Midget AA)	Team Name: (e.g. Cumberland Barons)	
2009-2010:			
2008-2009:			
Emergency Contact:			Phone:
Any Medical Condition we should be aware of:			
OHIP #:			
Payment			
\$65 (includes HST 13%)		HST registration #827074725RT0001	
Make cheque payable to: <i>Bandits Hockey Club</i>			
Please complete and return this form with payment to: Cumberland Bandits Jr Hockey Club 375 Des Epinettes PO Box 51007 Orleans ON K1E 3E0			
For office use only			
Date Received:	Team:	Position	Jersey No.:

Cancellation Policy: All cancellations must be received in writing no later than **September 4, 2010** for a full refund, less a \$25 administrative charge. No refunds will be issued after this date. Application without payment will not be processed.

The above applicant will not hold the owners and staff of the Bandits Hockey Club liable/responsible for damages, loss or injury, which may occur and hereby release the Bandits Hockey Club from any action, which may occur while attending the tryouts. This release covers traveling to and from the arena as well as any all activities on and off the ice.

- I acknowledge that I have read and accept the conditions of this policy.
- I authorize the Cumberland Bandits Hockey Club to use photographs, video or voice of participant on website, in print and electronic materials, or media in conjunction with their participation during the tryouts activities. No additional compensation will be provided.

Signature: _____ **Date:** _____

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