



RANGERS U15 MAJOR HOCKEY

Spring Identification Camp 2021

May 7th – 7:00pm-8:30pm

May 8th – 10:30am-12:00pm

May 9th – 10:30am-12:00pm

May 10th – 7:00pm-8:30pm

East Hants Sportsplex

Open to all players born in 2007 & 2008 **Cost: \$200**

Checking Clinic: April 4th / 5th

Zoom Session Sunday April 4th 8:30pm

On Ice Session Monday April 5th 9am-11am

EAST HANTS SPORTSPLEX

Cost: \$80.00

Mandatory for Players born in 2008

Checking Clinic / Spring ID Camp Registration Form

Player's Name	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	
City, Province	Postal Code
Parent Name (s)	
Home Phone	Cell Phone #
Email:	
Health Card #	Expiry
Position:	Shot:
Team & Level 2020/2021:	
Payment Options Sackville Flyers MHA 50/50 fund <input type="checkbox"/> Etransfer <input type="checkbox"/> president.rangershockey@gmail.com Security Question Answer: Rangers	<input type="checkbox"/> \$200 (ID Camp Only) <input type="checkbox"/> \$80 (Checking Camp Only) <input type="checkbox"/> \$280 (Both)

Disclaimer & Refund Policy (Please sign at bottom)

I hereby give my child permission to be photographed during program activities by Rangers U15 Major staff and herby understand that such photographs become the property of Rangers U15 Major and may be used for the purpose of any promotional purposes deemed necessary and/or relevant. In consideration of the participant, I, the undersigned parent/guardian herby release and discharge Ranges U15 Major from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injuries suffered by my child or incurred by me and resulting directly or indirectly from the participation of such child in such program. I hereby undertake to indemnify Rangers U15 Major and its servants, agents and employees and hold them harmless from an in respect of any and all claims, demands, actions and proceedings which may brought by or on behalf of said child against Rangers U15 Major arising out of his/her participation in the aforesaid program and in respect of any damages, loss or injury incurred by him/her during or as a result of such participation including all costs and expenses incurred defending any and all claims, demands, actions and proceedings.

Parent Signature

Complete this form and return it to: **The Rangers**
 Email: president.rangershockey@gmail.com
 Contact for more information: **Andrew Wigginton**
 #902-877-6441 or email andrew.hc.rangershockey@gmail.com