



TRAINING CAMP PLAYER INFORMATION

Player's Name: _____

Mailing address: _____

City: _____ Postal Code: _____

Home Phone: ____-____-____ Cell Phone: ____-____-____

Email: _____

Father's Name: _____ Mother's Name: _____

Phone: (Work) ____-____-____ Phone: (Work) ____-____-____

Cell Phone ____-____-____ Cell Phone ____-____-____

Player's Birth Date (dd/mm/yy): ____/____/____

Height: _____ Weight: _____ lbs

Position: _____ Shot hand: L / R

Payment Type (circle) Cheque Visa MC AMEX

Card Number: _____

Expiry Date: _____ Security Number _____

Team Played For Last Year: _____

Team Played For in Previous Year: _____

The cost for the camp is **\$150** and includes all sessions up to and including September 1, 2019. Cash may be brought to the first day of camp, credit card payments must be made in advance. For more information please contact Tasso Vasilas at tassovasilas@rogers.com.

The information on this Medical Form is kept strictly confidential. Its use is to help speed up treatments by our training staff or medical staff should the situation arise.



TRAINING CAMP MEDICAL INFORMATION

Player's Name: _____

Emergency Contact Name: _____

Phone: ____ - ____ - _____

Family Doctor Name: _____

Phone: ____ - ____ - _____ Cell Phone: ____ - ____ - _____

Medications: _____

Allergies: _____

Any other information the training staff should be aware of:

**Please print player and medical forms and drop off or mail
with payment info to:**

**Ottawa Canadians Jr B Hockey
1525 Bank Street
Ottawa, Canada
K1H 7Z1**

Cash or major credit cards. Accepted are VISA, Mastercard or Amex credit cards. Once payment has been received you are registered and have a spot. There will be no refunds once payment has been received