

Orillia Minor Hockey Association

[orilliamha@bellnet.ca](mailto:orilliamha@bellnet.ca) or Hockey Office 326-6642

# INTERMEDIATE SUMMER SKILLS CAMP

August 16 - 20

*Brian Orser Arena*

Time: 11:10 a.m. – 1:10 p.m.

*On Ice Instruction*

Cost: **\$160.00**

Instructor

**Nick Ricca**

Program

- Two (2) hour of On-Ice Instruction
- Primarily for Atom and Peewee Players
- This camp is being held the week before Rep Tryouts

Registration

Complete registration (attached) and forward with payment of cheque or money order by **May 28<sup>th</sup>**  
To: Orillia Minor Hockey Association, P.O. Box 731 Orillia ON, L3V 6K7

**Note:** Registration must be received by May 28, 2010 **space is limited**

**All communication will be by e-mail.**

## OMHA Summer Intermediate Skills Camp Registration

Participant Name: \_\_\_\_\_

Age: (as of August 16<sup>th</sup>, 2010) \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

E-mail (**required**): \_\_\_\_\_

Address: \_\_\_\_\_

(City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Last Team: \_\_\_\_\_ Rep. ( ) HL ( )

Hockey Organization: \_\_\_\_\_

Do you have any health problems we should be aware of? \_\_\_\_\_

Collected in accordance with section 28(2) of the Freedom of Information and Protection Privacy Act, 1989.  
The information collected is to be used solely for the purpose of the administration of this program.

### **Agreement to Participate in the Program(s) of The Orillia Minor Hockey Association**

**CONDUCT:** I/My participating child hereby agree to abide by and support the current Orillia MHA rules of play and personal conduct. I reserve the right to take action against any wrongdoer but subject to that, I release the Orillia MHA and including all members, coaches, managers and association executives from any responsibility.

**RISK OF SERIOUS INJURY:** I hereby understand and appreciate that participation as a hockey player carries risks to me/my participating child of serious injury, including permanent disability, paralysis or even death. I/My participating child voluntarily and knowingly acknowledge, accept and assume the risks.

**USE OF IMAGE:** I hereby grant the Orillia Minor Hockey Association, the irrevocable right to use, at their sole discretion any image/information and/or photographs of or about my child for the publicity, advertising or other promotion of the Orillia Minor Hockey Association. I understand that this may include written, pictorial or video materials.

**OPT-OUT PROVISION RE – USE OF IMAGE:** As the participants/child's legal guardian, if you DO NOT WISH to have your child(s) image/information and/or photograph taken for publicity/advertising or other promotional activities with the Orillia Minor Hockey Association it is your responsibility to contact the hockey office via email at [orilliamha@bellnet.ca](mailto:orilliamha@bellnet.ca)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** No refunds will be made unless provided with a medical certificate.