

Orillia Minor Hockey Association

# SENIOR SUMMER SKILLS CAMP

August 17-21

*Brian Orser Arena*

Time: 1:45 p.m. to 3:30 p.m.

*On Ice Instruction*

Cost: **\$150.00**

Instructor

**Nick  
Ricca**

Program

- 1.75 hours of On-Ice Instruction
- Primarily for Pee wee, Bantam, Midget
- 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>st</sup>**  
**To: Orillia Minor Hockey Association, P.O. Box 731 Orillia ON, L3V6K7**

**Note:** Registration must be received by May 28, 2009 to a maximum of **20** participants

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

## OMHA Summer Camp Registration

**Goalie**       **Junior Skills** (novice, atom)       **Senior Skills** (peewee, bantam, midget)

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

Age: (as of August 17<sup>th</sup>, 2009) \_\_\_\_\_

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, **I DO NOT WISH** my child to have their image/information and/or photograph taken for publicity/ advertising or other promotional activities with the Orillia Minor Hockey Association.

**Please check here:**

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

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