



FUTURE GENERALS CAMP AUGUST 17-21

FUTURE GENERALS INFO

| | | | | | | | |
|---|--|---------|----|--------------|--------|--------------|----|
| PLAYER NAME | | | | | | | |
| DATE OF BIRTH (DD/MM/YY) | | | | YEARS PLAYED | | | |
| PARTICIPANT'S AGE GROUP AS OF SEPTEMBER 2026 | | 7 - 8 | | 9 - 10 | | 11 - 13 | |
| POSITION | | Forward | | Defense | | Goalie | |
| JERSEY SIZE | | Youth: | | Adult: | | | |
| | | M | L | S | M | L | XL |
| LEVEL | | AAA | AA | A | Select | House League | |

GUARDIAN INFO

| | | | | | | | |
|----------------------|--|--|--|-----------------|--|--|--|
| PARENT/GUARDIAN NAME | | | | | | | |
| ADDRESS | | | | | | | |
| CITY | | | | POSTAL CODE | | | |
| PRIMARY PHONE | | | | SECONDARY PHONE | | | |
| EMAIL | | | | | | | |
| PLAYER'S OHIP # | | | | | | | |
| MEDICAL INFORMATION | | | | | | | |
| ALLERGIES | | | | | | | |

In consideration of acceptance as a camper, we agree to release the Oshawa Generals Hockey Club and the hockey camp and its employees from all claims, actions, causes of action, damages, and demands by the undersigned applicant, their parents/guardians for loss or injury resulting directly from the participation of such applicant in this program. We further agree to indemnify and save harmless such parties from all claims, actions, causes of action, damages, and demands, including costs and expenses incurred in defending such claims or actions. We also grant permission to the use of photographs of the participant for the purpose of advertising, marketing, publicity or other purposes in connection with the activity without compensation, review or approval (except where prohibited by law). We have read the release and understand this in full and final release of all claims for injuries or damages sustained in the Future Generals Hockey Camp and have read over the agreement and understand the responsibilities we have assumed here-under. I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

SIGNATURE _____

DATE _____

Cost: \$499.00 plus hst

PAYMENT INFO

| | | | | |
|--------------------|------|--------|-------------|------------|
| METHOD OF PAYMENT | CASH | CHEQUE | VISA | MASTERCARD |
| CREDIT CARD NUMBER | | | EXPIRY DATE | |
| NAME ON CARD | | | | |
| SIGNATURE | | | DATE | |

ITINERARY

| | | | |
|----------|---------|--------|---------|
| AGE | 7-8 | 9-10 | 11-13 |
| CHECK IN | 8:30AM | 9:30AM | 12:30PM |
| ON ICE | 9-10 | 10-11 | 1-2 |
| OFF ICE | 10-11 | 11-12 | 2-3 |
| ON ICE | 11-12 | 12-1 | 3-4 |
| SIGN OUT | 12:15PM | 1:15PM | 4:15PM |

QUESTIONS

Please Contact Chase Northey
 cnorthey@oshawagenerals.com
 289 404 4019

MAIL OR IN PERSON

OSHAWA GENERALS
 99 Athol Street East
 Oshawa, Ontario
 L1H 1J8