



Gloucester Rangers Body Contact Clinic Registration Form

PLEASE PRINT CLEARLY

FAMILY NAME: _____ PLAYER'S NAME: _____

PARENTS/GUARDIANS' NAMES: _____

ADDRESS: _____

POSTAL CODE: _____ PHONE #: _____ CELL PHONE #: _____

E-MAIL ADDRESS(es): _____

DATE OF BIRTH: (i.e. 29 Feb 1999) _____ AGE AS OF 31 DEC 2010: _____

PRIMARY POSITION (Forward/Defence): _____

Waiver:

I hereby wish to have my son/daughter participate in the Gloucester Rangers Minor Hockey body contact clinic and hereby agree to adhere to all rules, regulations and conditions prescribed by the Rangers Committee. I agree to waive responsibility of the GRMH Committee and its Area Organizations and Volunteers from any accidents or injuries and for articles stolen, damaged or left in the dressing rooms or in the arena during the Rangers body contact clinic.

Parent/Guardian Signature: _____ Dated: _____

Date/Location – 19 Aug 2010 at St Laurent Arena – timings to be confirmed once registration complete

Cost: \$25 - Please make cheque payable to the Gloucester Rangers Minor Hockey.

Submit Registration form and payment to:

Note: Forms and payments may be mailed with
GR Registration Forms – Priority for this clinic will 1st be
players registered for Gloucester Rangers Try-outs and
then based upon date of receipt of registration form

**Gloucester Rangers Minor Hockey
c/o VC Admin
578 Devonwood Circle
Ottawa, ON, K1T 4E6**