

Body Contact Clinic

Gloucester Rangers will host two body contact clinics on **19 Aug 2010** at St Laurent Arena. Clinic recommended for all players (Minor Peewee level and above – except goalies) that have never played contact hockey. Currently have space for 60 players priority will be given to players registering for Gloucester Rangers Tryouts. If sufficient interest received, we will investigate/consider additional sessions dependant upon availability of ice and instructors.

Note: Parents of players who have not played body contact during the regular hockey season (i.e. Spring hockey does not count) and elect to not register their child for this clinic will be required to sign a statement prior to their child going on the ice that indicates they are aware that body contact will be part of tryouts for Minor Peewee to Major Midget and that they accept the associated risks.

Body Contact Clinic Registration – Complete attached form and submit via mail with Registration forms. Due to limited space all players must pre-register for this clinic.

CHECK OUT OUR WEBSITE AT www.gloucesterrangers.com FOR ANY FURTHER UPDATES



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/Goalie): _____

******* HOME ASSOCIATION*******

Blackburn, Gloucester Centre, Leitrim, Metcalfe, Orleans Russell
CHECK ONE

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
6489 Empire Grove Street
Greely, ON, K4P 1G6**

OFFICE USE ONLY: CHECK CASH/MONEY ORDER

AMOUNT: _____ DATE REC'D: _____