



## RANGERS MAJOR BANTAM

### Spring Identification Camp 2020

May 4<sup>th</sup> / 5<sup>th</sup> / 6<sup>th</sup> 7:00pm-8:30pm East Hants Sportsplex  
Fitness Test TBD

Open to all players born in 2006 & 2007 Cost: \$150.00

Checking Clinic: March 29<sup>th</sup>

Time: 12:30pm-4:30pm

SACKVILLE ARENA

Cost: \$85.00

**\*Mandatory for Players born in 2007\***

### Spring ID Camp Registration Form

Player's Name	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	
City, Province	Postal Code
Parent Name (s )	
Home Phone	Cell Phone #
Email:	
Health Card #	Expiry
Position:	Shot:
Team & Level 2019/2020:	
<b>Payment Options</b> Cheque payable to Rangers Hockey <input type="checkbox"/> Etransfer <input type="checkbox"/> president.rangershockey@gmail.com Security Question Answer: <b>Rangers</b>	<input type="checkbox"/> \$150 (ID Camp Only) <input type="checkbox"/> \$85 (Checking Camp Only) <input type="checkbox"/> \$235 (Both)

**Disclaimer & Refund Policy (Please sign at bottom)**

I hereby give my child permission to be photographed during program activities by Rangers Major Bantam staff and hereby understand that such photographs become the property of Rangers Major Bantam and may be used for the purpose of any promotional purposes deemed necessary and/or relevant. In consideration of the participant, I, the undersigned parent/guardian hereby release and discharge Rangers Major Bantam from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injuries suffered by my child or incurred by me and resulting directly or indirectly from the participation of such child in such program. I hereby undertake to indemnify Rangers Major Bantam and its servants, agents and employees and hold them harmless from an in respect of any and all claims, demands, actions and proceedings which may brought by or on behalf of said child against Rangers Major Bantam arising out of his/her participation in the aforesaid program and in respect of any damages, loss or injury incurred by him/her during or as a result of such participation including all costs and expenses incurred defending any and all claims, demands, actions and proceedings.

Parent Signature \_\_\_\_\_

Complete this form and return it to: The Rangers  
 112 Laurel Ridge Drive, Beaverbank, NS B4A 1H4 or  
 Email: [president.rangershockey@gmail.com](mailto:president.rangershockey@gmail.com)  
 Contact for more information: Andrew Wigginton  
 #902-877-6441 or email [andrew.hc.rangershockey@gmail.com](mailto:andrew.hc.rangershockey@gmail.com)