



STOUFFVILLE SPIRIT JR. A HOCKEY CLUB

5255 Yonge Street, Suite 1050, Toronto, ON., M2N6P4
www.stouffvillespirit.com

Dear Potential Spirit Player

The Stouffville Spirit of the Ontario Provincial Jr. "A" hockey league would like to invite you to attend our rookie camp for the 2008-2009 season.

We are currently looking to fill approximately 10 roster spots and are looking for talented, intelligent, dedicated and determined hockey players to complete our roster. The camp will be held on Saturday May 3rd and Sunday May 4th at the Stouffville Community Centre in Stouffville Ontario

Dates & Times: **Saturday May 3rd – 10.00 am to 7 pm**
 Sunday May 4th – 10.00 am to 2:30 pm
COST: \$150.00 PER PLAYER

Due to the high volume of eligible players to try out for this camp it will be limited to 126 skaters, consisting of 18 goaltenders, 36 defencemen, and 72 forwards. This will ensure a complete and full evaluation of your skills and talent. The camp will consist of 3 refereed hockey games, plus you will also receive a Spirit Rookie Jersey at the camp. Players are required to supply all of their own equipment for rookie camp. This includes sticks, tape, helmets with cages or half visors plus mouth guards. Also all players must, for the Camp, supply us with PERMISSION TO SKATE FORMS signed by their respective organizations (per OHA Rules). If a Jr. "A" team exists in your community, you are also required to have a PERMISSION TO SKATE FORM from their office. To ensure a spot for the Rookie Camp please return your Registration Form and Medical Forms along with a cheque in the amount of \$150.00 payable to the Stouffville Spirit NO LATER THAN APRIL 25TH, 2008, in order to reserve your spot

To:

**Stouffville Spirit Jr. "A" Hockey Club,
5255 Yonge Street, Suite 1050
Toronto, Ontario M2N 6P4,**

You will be notified approximately 2 days prior to the camp, by either telephone or E-mail as to your team color and number.

The Stouffville Spirit Jr. "A" Hockey club provides hockey players the opportunity to develop skills both on and off the ice. Many former players have gone on to U.S. College hockey (NCAA), in the Ontario Hockey League (OHL), and in the National Hockey League (NHL), while an even larger number are now upstanding members of our community.

Registration is open to: Jr."B", Jr."C", Jr."D", AAA, and AA Midgets, Juveniles.

***ALL PLAYERS MUST REPORT 1.5 HRS PRIOR TO THEIR ON ICE
FOR FITNESS TESTING.***



STOUFFVILLE SPIRIT JR. 'A' HOCKEY CLUB

Ontario Provincial Junior A Hockey League

www.stouffvillespirit.com

2008-09 MAIN PROSPECTS CAMP REGISTRATION FORM

Name: _____

Date of Birth: Day _____ Month _____ Year _____

Address: _____

City: _____

Postal Code: _____

Home Telephone: _____

Cell Phone: _____

Email: _____

OHIP#: _____

Team (2007-2008): _____

Position: _____

Stats: G: _____ A: _____ PTS: _____ PIM: _____

Goalies Only: GAA: _____ SV%: _____ W: _____ L: _____ T: _____

Please Note:

Players require signed permission to skate forms to try out. If there is a junior A team in your home community, you also require permission to skate from their office. (As an example, Newmarket residents require a signed form from the Newmarket Hurricanes Jr. 'A' team before trying out elsewhere.)

Registration is open to **Jr. "B", Jr. "C" Jr. "D", AAA, AA Midget and Juvenile**

Please complete this form, AND THE PERMISSION TO SKATE FORM and return with your payment to:

**Stouffville Spirit Junior A Hockey Club
5255 Yonge Street, Suite 1050
Toronto, Ontario
M2N 6P4
Attn: Dave D'Amazio**



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Waiver of Claims & Medical Release (other than that covered by O.H.A.)

I the undersigned, acknowledge that the Stouffville Spirit Hockey Club involves vigorous exertion and activity and the game of hockey involves risks and dangers of personal injury. I hereby release the Stouffville Spirit Jr. "A" hockey club its officers, directors, employees and medical staff from any and all liability for physical injuries rising or resulting from my attendance and participation in the Stouffville Spirit rookie camp.

I further acknowledge that I presently suffer from no medical or physical conditions which have not been disclosed in full to the Stouffville Spirit Jr. "A" hockey club and to the best of my knowledge I am physically able to partake in the Stouffville Spirit hockey club rookie camp.

I, the undersigned, do hereby consent to and authorize the Stouffville Spirit medical staff to provide any and all medical information concerning my mental and physical condition to the Stouffville Spirit and coaching staff.

I have read and understand this waiver and release agreement. I' am not relying on my oral or written presentation or statements made by any representative of the Stouffville Spirit Hockey Club.

Name of Participant: _____

Signature of participant: _____ Date: _____

Name of parent (Guardian) _____

Signature of Parent (Guardian) _____ Date: _____

Please Mail Along With Your Application to:
Stouffville Spirit Jr. "A" Hockey Club
Suite 1050 – 5255 Yonge St, Ste. 1050
Toronto, Ontario M2N 6P4
Attention: Dave D'Amizio