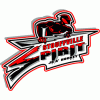
STOUFFVILLE SPIRIT JR. A HOCKEY CLUB

stouffvillespirit.ojhl.ca

**2025 DEVELOPMENT CAMP REGISTRATION FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: Day \_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_Year \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team (2024-25): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stats: G: \_\_\_\_\_ A: \_\_\_\_\_ PTS: \_\_\_\_\_ PIM: \_\_\_\_\_\_\_

Or

GAA: \_\_\_\_\_ SV%: \_\_\_\_\_W:\_\_\_\_ L: \_\_\_\_T:\_\_\_

**Please Note:**

Registration is open to **2006, 2007, 2008 and 2009-born players.**

Please complete this form, **AND THE PERMISSION TO SKATE FORM (can also be brought to registration as some organizations cannot provide until April),** and return with your payment to:

**Stouffville Spirit Jr. A Hockey Club,**

**80 William St.**

**Stouffville, ON**

**L4A 1B3**

**Attn: Ken Burrows**

# STOUFFVILLE SPIRIT JR. A HOCKEY CLUBhttp://www.pointstreak.com/logos/league231/team34977.gif

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**Waiver of Claims & Medical Release**

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 development 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 development 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 this waiver with your application to:

Stouffville Spirit Jr. A Hockey Club,

80 William St.

Stouffville, ON

L4A 1B3

Attn: Ken Burrows

If you have any questions or concerns, please call General Manager Ken Burrows at **416-990-2683** or e-mail **Stouffvillespirit@gmail.com;** Head Scout Max Saegert can also be reached at 416-985-5137 or e-mail [max.saegert@gmail.com](mailto:max.saegert@gmail.com)