



PICKERING PANTHERS JUNIOR 'A'

www.pickeringpanthersjra.com

Dear Potential Pickering Panther Player:

The Pickering Panthers of the Ontario Provincial Junior "A" Hockey League would like to invite you to attend our **Free Agent Camp** for the 2009-10 season.

The camp will be held on

Monday, May 25th and Wednesday, May 27, 2009 at

Whitby – Iroquois Park - Arena #6, in Whitby, Ontario.

Dates & Times: Monday, May 25th – 8:45 pm – 10:15 pm
Wednesday, May 27th – 7:15 pm – 8:45 pm
COST: \$75.00 PER PLAYER

The camp will consist of two teams. All players will receive a minimum of 3 hours of ice time. The camp will have two refereed hockey games. Out of this camp, select players will be invited to the Pickering Panthers main camp.

Players are required to supply all their own equipment for the 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 Junior "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 camp, please return your Registration Form and Medical Forms along with a cheque in the amount of \$75.00 payable to Pickering Panthers to:

Attn: Keith Pandovski
Pickering Panthers Junior "A" Hockey Club
39 Tinder Crescent
Toronto, Ontario, M4A 1L2

If you attended our rookie camp and have been invited to this camp, please send me an email – kpandovski@hotmail.com to secure a spot and mail in your cheque to the above address. **You will be notified of your acceptance prior to the camp.**

The Pickering Panthers Junior "A" Hockey Club provides hockey players the opportunity to develop skills both on and off the ice. Many former players have gone on to US 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 Minor Midgets, Midgets and Juveniles.

ALL PLAYERS MUST REPORT ONE HOUR PRIOR TO THEIR ON ICE SESSION



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2009-10 FREE AGENT CAMP REGISTRATION FORM

Name: _____

Date of Birth: Day _____ Month _____ Year _____

Address: _____

City: _____

Postal Code: _____

Home Telephone: _____

Cell Phone: _____

Email: _____

OHIP#: _____

Team (2008-2009): _____

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 M. Midget, Midget and Juvenile**

Please complete this form, THE PERMISSION TO SKATE FORM and return with your payment, \$75.00, to:

**Attn: Keith Pandovski
Pickering Panthers Jr. "A" Hockey Club
39 Tinder Cres.
Toronto, Ontario M4A 1L2**



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

I, the undersigned, acknowledge that the Pickering Panthers Jr. A Hockey Club involves vigorous exertion and activity and the game of hockey involves risks and dangers of personal injury. I hereby release the Pickering Panthers 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 Pickering Panthers rookie camp.

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

I, the undersigned, do hereby consent to and authorize the Pickering Panthers medical staff to provide any and all medical information concerning my mental and physical condition to the Pickering Panthers 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 Pickering Panthers 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:

Attn: Keith Pandovski
Pickering Panthers Jr. "A" Hockey Club
39 Tinder Cres.
Toronto, Ontario M4A 1L2,