



# TEAM GREECE



## believes in YOU!

# 2008 Open Evaluation Camp April 18, 19 & 20

**\*\*\* Limited spots available! \*\*\***

**Cost \$50**

**Players will receive:**

- ❖ Jersey
- ❖ T-Shirt

**During the camp:**

- ❖ Players will receive a Fitness Test from our professional team of fitness trainers
- ❖ Team practice sessions
- ❖ Team scrimmages
- ❖ Administrated by the HBHA. The arena location is TBA. This information will be made available on the site in the coming weeks as well, you may be contacted by email or phone.

## **How to Register:**

We offer three easy options to register:

1. Register by mail
2. Register by fax (Credit Card only / Fax: 514-426-5788)
3. Register by e-mail (Credit Card only – send registration info to [register@hbha.gr](mailto:register@hbha.gr))

**For more information, visit the HBHA web site at [www.hbha.gr](http://www.hbha.gr)  
or e-mail us at [register@hbha.gr](mailto:register@hbha.gr)**

# JOIN TEAM GREECE TODAY!

Help us proudly represent our country and  
write ball hockey history!



Hellenic Ball Hockey Association

# HELLENIC BALL HOCKEY ASSOCIATION TEAM GREECE CAMP REGISTRATION FORM

275 Hymus Blvd., Pointe-Claire, Quebec, H9R 1G6

Tel: (514) 831-6604 / Fax: (514) 426-5788 / E-mail: register@hbha.gr

## Player Information:

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

Position: G \_\_\_ D \_\_\_ F \_\_\_ Shoots: L \_\_\_ R \_\_\_

Experience (if possible include leagues, division and teams played for in last 5 years): \_\_\_\_\_

\_\_\_\_\_

Jersey Size: \_\_\_\_\_ Jersey # (please indicate 3 options): \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Birth Day (DD/MM/YYYY): \_\_\_\_\_

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

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

Cellular: \_\_\_\_\_ E-mail: \_\_\_\_\_

## In case of emergency, who may we contact?

Full Name: \_\_\_\_\_ Home/Cell #: \_\_\_\_\_

## Registration Fee:

Cash

Cheque # \_\_\_\_\_ (Payable to: HBHA)

Credit Card:  Visa  MC # \_\_\_\_\_ Exp: \_\_\_\_\_ CVC: \_\_\_\_\_

All fees must be paid in full at the time of registration. Late or defaulted payments, not approved by the HBHA, may result in the cancellation of ALL playing privileges for the registered player.

*Note: Players are not considered registered until fees are paid in full. NSF cheques or any payment related problems are subject to a \$30.00 fee.*

**Notes** (please indicate any recent significant injuries – i.e., torn MCL, dislocated shoulder, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### WAIVER:

In consideration of the Hellenic Ball Hockey Association (HBHA) permitting the player to participate in any of the activities of the HBHA, I, for myself, my family, heirs, successors and executors hereby indemnify and hold harmless the HBHA, its directors, officers, successors and assigns, from all costs, claims, actions, damages or liabilities, whatever their nature or however caused, resulting from the participation of the player in any of the activities of the HBHA.

Player Signature: \_\_\_\_\_