



# TEAM HELLAS

## believes in YOU!



## 2008 Open Evaluation Camp

Friday June 13<sup>th</sup> 8-10pm\*

Saturday June 14<sup>th</sup> 9am-6pm\*

(\* time subject to change)

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

**Cost \$60**

**Players will receive:**

- ❖ Jersey
- ❖ T-Shirt

**During the camp:**

- ❖ Players will receive a Fitness Test
- ❖ Team practice sessions
- ❖ Team scrimmages
- ❖ Administrated by the HBHA. The arena location is CHIC MURRAY Arena (1500 Gulleden dr., Mississauga, Ont., L4X 2T7)

**Arena Directions:**

1. 401 highway
2. exit Dixie Road south
3. left on Burnhamthorpe
4. right on Havenwood dr.
5. right on Gulleden dr. (the arena will appear on your left hand side)

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

# JOIN TEAM HELLAS TODAY!

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



# HELLENIC BALL HOCKEY ASSOCIATION TEAM HELLAS CAMP REGISTRATION FORM

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

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

For Toronto camp contact coach Gus Kourousis T: (416) 738-5044 / E: coach@hbha.gr  
or Alkie Zisidis T:(416) 835-3332 or Spiro Bozionelos T:(416) 587-8544

## Player Information:

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

Position: G \_\_\_ / LD \_\_\_ RD \_\_\_ / LW \_\_\_ C \_\_\_ RW \_\_\_ 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 or Hellenic Ball Hockey Association)

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: \_\_\_\_\_