



## U15 Major Truro Bearcats 2024 Spring ID Camp

**Eligibility** - Open to all 2010 or 2011 born players residing in Colchester and Cumberland Counties and all returning second-year players from out of region. **[NOTE: HNS certified Checking Clinic is mandatory for all 2011 YOB players.]**

**Registration Fee** - \$100.00 (ID Camp); \$50 (Checking Clinic)

**Dates** - See attached schedule.

### Registration Form

Player's Name:	
DOB:	Gender: Male _____ Female _____
Street Address:	
Town/Province:	Postal Code:
Parent Name(s):	
Home Phone #:	Cell Phone #:
E-mail(s):	
Health Card #:	Expiry:
Position: _____ Forward _____ Defence _____ Goalie	
Level Played 2023/24: AAA AA A Other _____ Association/Team _____	
<b>Payment: Cash, cheque or e-transfer to <a href="mailto:gmullen@burmac.ca">gmullen@burmac.ca</a> (Security question answer: hockey)</b>	

#### Disclaimer & Refund Policy (Please sign at bottom)

I hereby give my child permission to be photographed during program activities by Truro U15 Major staff and hereby understand that such photographs become the property of Truro U15 Major and may be used for the purpose of any promotional purposes deemed necessary and/or relevant. In consideration of my child participating, I, the undersigned parent/guardian hereby release and discharge SRM Hockey Inc. from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injuries suffered by my child or incurred by me and resulting directly or indirectly from the participation of such child in such program. I hereby undertake to indemnify SRM Hockey Inc. and hold it harmless from and in respect of any and all claims, demands, actions and proceedings which may be brought by or on behalf of said child against SRM Hockey Inc. arising out of his/her participation in the aforesaid program and in respect of any damages, loss or injury incurred by him/her during or as a result of such participation including all costs and expenses incurred defending any and all claims, demands, actions and proceedings.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Complete this form and return it to: SRM Hockey Inc. % Burchell MacDougall  
Att'n: Greg Mullen 710 Prince Street,  
Truro N.S. B2N 5H1 or by e-mail ([gmullen@burmac.ca](mailto:gmullen@burmac.ca))



**TRURO U15 MAJOR BEARCATS**  
**2024 Spring ID Camp**

<b>DATE</b>	<b>DESCRIPTION</b>	<b>TIME</b>	<b>LOCATION</b>
<b>Sunday, May 12</b>	Checking Clinic (off ice with gear)	4:30-5:20 p.m.	RECC
	Checking Clinic (on ice)	5:30-6:50 p.m.	RECC
<b>Sunday, May 19</b>	Small Area Games	5:30-6:50 p.m.	RECC
<b>Monday, May 20</b>	Inter-squad Scrimmage	8:30-9:20 p.m.	RECC
<b>Saturday, May 25</b>	Inter-squad Scrimmage	9:30-10:50 a.m.	RECC
<b>Sunday, May 26</b>	Inter-squad Scrimmage	6:00-6:50 p.m.	RECC