



2022 Christmas Camp Registration Form

CUTTING EDGE RINGETTE ACADEMY

- NAME OF ATHLETE: _____
- AGE/YEAR OF BIRTH: _____
- NAME OF PARENT / GUARDIAN: _____
- PHONE NUMBER: _____
- ADDRESS: _____
- Please indicate and specific medical concerns (if any): _____

The undersigned agrees that the CUTTING EDGE RINGETTE ACADEMY will not be held liable for any losses of personal property.

Date

Signature

If you have any questions or concerns, please contact:

Paul Bechard (780)722-7458

or

Chelsea Stone (780)231-4888

- Please ensure to email this form to cuttingedgeringette@gmail.com to ensure your place is reserved.
- Payment can be made via e-transfer to cuttingedgeringette@gmail.com or by cheque in person

"Just Play. Have Fun. Enjoy the game"