



# St. Paul Jr. Canadiens Hockey Club

## Main Camp 2022 – Glendon, AB

Dear Participants,

The St. Paul Jr. Canadiens Hockey Club is continually developing its hockey program both on and off the ice. With many new and exciting benefits in the works for our players, we strive to provide a first class hockey experience for them. Our Executive, Staff, and Alumni Foundation have all been working hard to secure a continued future for our Club and provide a low cost hockey development program for our players. In addition, we aim to deliver a significant and positive impact in our community, near and surrounding, as well as towards our local youth and many other organizations. Our goal for our players is to assist them in developing both their life and hockey skills safely and in a positive environment in order to progress their hockey careers to the next level.

Thank you for your interest in joining the St. Paul Jr. Canadiens Hockey Club. Our main tryout camp, which will run from September 9<sup>th</sup> to 11<sup>th</sup> at the Glendon Arena is sure to be an exciting weekend of hockey!

In this package you will find several documents as listed below. Please review and familiarize yourself with them, complete the forms where necessary, and return them to our General Manager, Dean Smyl (780-614-7147) via email ([deansmyl@smylrvcentre.com](mailto:deansmyl@smylrvcentre.com)) or hard copy prior to the camp date.

Documents included are as follows:

- Hockey Alberta Tryout Permission Form
- St. Paul Jr. Canadiens Camp Registration Form
- St. Paul Jr. Canadiens Camp Itinerary

Camp registration fee is \$200 and must be paid in full prior to check-in.

Payment may be made via e-transfer in advance to [stpauljrb@gmail.com](mailto:stpauljrb@gmail.com) (please include participant's name in message section). Participants will not be allowed to participate until the registration fee is paid in full.

### **Player Check-in**

Upon arrival at the Glendon Arena (see **Camp Itinerary** for check-in times), please proceed to our camp check-in table.

Good luck to all the participants and have a great time back on the ice!

Thank you,

St. Paul Jr. Canadiens Hockey Club  
Box 1341, St. Paul, AB Canada T0A 3A0



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## LETTER OF PERMISSION: TRY OUT

THIS FORM IS INTENDED FOR PLAYERS WISHING TO TRY OUT FOR  
JUNIOR AND/OR SENIOR TEAMS ONLY.

Player's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Player's Name: \_\_\_\_\_  
Surname Given Name

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

Town/City: \_\_\_\_\_, AB P/C: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

The \_\_\_\_\_, hereby, grants permission for the above named  
(Player's Resident MHA / Club Team)

player to attend a TRY-OUT hosted by \_\_\_\_\_  
(Club operating the try-out)

Date(s) of Try-out Camp: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

**Note:** It is understood by all parties that should the above named player be chosen as a member of the above designated team, the Team/Association having issued this TRY OUT permission, will issue a Release. It is further understood that should the player not be chosen as a member of the above designated team that they will return to the Team/Association issuing this permission.

MHA / Club Team President Name: \_\_\_\_\_

MHA / Club Team President Signature: \_\_\_\_\_



# St. Paul Jr. Canadiens Hockey Club

## Main Camp Registration Form

Name:	Health Care #:
Address:	Mother's Name:
Date of Birth:	Mother's Cell:
Shoots: Left / Right	Father's Name:
Height:	Father's Cell:
Weight:	Player's Cell:
Position:	Player's Email:
Level played last year:	

By signing, I           (Participant's Name)           hereby submit that all information provided is correct and accurate. I submit I have my own medical coverage and I acknowledge, agree and submit to hold harmless, exempt, waive, and release from all liability the St. Paul Jr. Canadiens Hockey Club, directors, staff and volunteers from any responsibility, or for any negligence, personal injury, loss, accidents or wrongful death. I am participating at my own risk.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent's Signature (if under 18 years of age)

\_\_\_\_\_  
Date



# **St. Paul Jr. Canadiens Hockey Club**

## **Camp Itinerary**

-Players will receive the designated group number at time of check-in.

### **Friday, Sept. 9, 2022**

Player check-in 5:00PM – 6:00PM

Group 1: Practice 7:00PM – 8:15PM

Group 2: Practice 8:30PM – 9:45PM

### **Saturday, Sept. 10, 2022**

Group 1: Practice 10:00AM – 11:15AM

Group 2: Practice 11:30AM – 12:45PM

Group 1 vs Group 2 Game: 6:00PM

### **Sunday, Sept. 11, 2022**

Group 1: Practice 9:00AM – 10:15AM

Group 2: Practice 10:30AM – 11:45AM

Group 1 vs Group 2 Game: 3:00PM