



Aboriginal Team Ontario Hockey (South)



2010 National Aboriginal Hockey Championships
Sunday May 2- Saturday May 8, 2010, Ottawa, Ontario

IDENTIFICATION CAMP - FEMALE

Saturday, March 6

ID Camp 1 – Southwest/Central-south Ontario
Gaylord Powless Arena, 1738 – 4th Line Road
Ohsweken, Ontario (Six Nations)

Registration: 10:00 AM Ice Session: 11:00 AM – 1:00 PM

Sunday, March 7

ID Camp 2 – Eastern Ontario
Invista Centre, 1350 Gardiner's Road
Kingston, Ontario

Registration: 5:00 PM Ice Session: 6:00 PM – 8:00 PM

Please bring completed forms to registration. Forms can be downloaded at
www.aboriginalteamontario.ca or can be requested via email at
marcia_trudeau@hotmail.com.

- A \$50.00 (cash only) registration fee is applicable and will cover both Identification Camp 1 and Final Camp ice time.
- Female athletes must be born 1992 – 1996 inclusive, 5 overage players born 1990 – 1991 inclusive
- All athletes of Aboriginal Ancestry are eligible: First Nation (status/non-status), Metis and Inuit
- All athletes must be registered in school or have completed secondary school requirements
- Final Camp by invite only, date and location to-be-determined.

For further information, please contact Marcia Trudeau at (647) 228-3862.

2010 NATIONAL ABORIGINAL HOCKEY CHAMPIONSHIPS



Aboriginal Team Ontario Hockey (South)



PLAYER INFORMATION FORM Confidential

Province/Territory Team:.....**Ontario South**..... Male Female

Last Name:..... Middle Name:..... First Name:.....

Current Address:.....

City: Province:..... Postal Code:.....

Telephone:..... E-mail:.....

Birth Date:..... Place:.....

Position:..... Shot:..... Height:..... Weight:.....

Do you have an Indian Status/Treaty, Inuit or Metis card? Yes No

(If you don't, then you must complete a Declaration of Aboriginal Ancestry Form)

If yes, what type of card is it? Card #:.....

Provincial Health Care #: Province:.....

Preferred Language: English French

Education (must provide)

Grade: School:.....

School Phone Number:.....

Statistics (must provide)

Year:..... Team:.....

League:.....

Coach:.....

Phone:.....

GP:..... G/MP:..... A/GA:..... PTS/GAA:..... PIM/SO:.....

GP – Games Played, G – Goal, A – Assist, PTS – Points, PIM – Penalties In Minutes, MP – Minutes Played, GA – Goals Allowed, GAA – Goals Against Average, SO – Shut Out

Emergency Contacts

In the event of an emergency, please contact the following person

Name:..... Relation:.....

Home Phone:(.....)-..... Work(Cell) Phone:(.....)-.....

If the above person cannot be reached, please provide a second name

Name:..... Relation:.....

Home Phone:(.....)-..... Work(Cell) Phone:(.....)-.....