

MAY 30th & 31st, 2026
SUDBURY CUBS JR. A



PROSPECT CAMP

\$290^{+HST}

**5 hrs of on-ice practice
and scrimmage time**

2-DAY CAMP
AGES 16 - 20

Countryside Arena
SUDBURY, ONTARIO

Try out for the Sudbury Cubs
2024, 2025, 2026 NOJHL CHAMPIONS

Limited Spaces ~ Reserve your spot today!

sudburycubs.ca

karen@ntaaa.ca



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2026 CUBS PROSPECT CAMP REGISTRATION FORM

NAME:

Last Name

First Name

ADDRESS:

Street Address or Rural Route

Apt.

City/Town

Province

Postal Code

TELEPHONE:

DATE OF BIRTH:

D / M / Y

Contact Email:

Height (ft/in):

Weight (lbs):

POSITION:

SHOOTS:

Last Team Played For:

Father:

Mother:

EMERGENCY Contact Name:

Address:

Telephone:

Doctor:

Telephone:

Dentist:

Telephone:

Answer ALL questions below:

Last Tetanus Booster:	Less than 3 yrs.	3-5 yrs.	More than 5 yrs.
Allergies: Y N	Wears Glasses: Y N	Shatterproof Lenses: Y N	
Wears Contacts: Y N	Diabetic: Y N	Epileptic: Y N	
Hearing Impaired: Y N	Heart Condition: Y N	Prescription Medication: Y N	
Head Injuries: Y N	Recent Surgical Procedures: Y N	Knee Surgery: Y N	
Fracture(s): Y N	Joint Separation/Dislocations: Y N		
Mental Health Counselling: Y N			
Any injuries in the past year requiring medical attention: Y N			

Does the player wear any brace/supports, etc. during game/practice: Y N

Please provide any details to questions you answered YES to: (Attach extra sheet if necessary)

List any other significant medical conditions:

THE ABOVE INFORMATION MUST BE COMPLETED FOR EACH PLAYER. FAILURE TO SUBMIT THIS FORM OR SUPPLY ALL INFORMATION REQUESTED MAY RESULT IN THE PLAYER BEING DENIED PARTICIPATION.

I VERIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND IT IS MY RESPONSIBILITY TO KEEP THE PROGRAM TRAINERS ADVISED OF ANY CHANGE IN THE ABOVE INFORMATION.

IN THE EVENT OF AN EXISTING INJURY/CONDITION, OR AN INJURY SUSTAINED DURING PROGRAM ACTIVITY, THE TRAINERS AND THE PROGRAM PERSONNEL HAVE THE AUTHORITY TO PROHIBIT THE PLAYER FROM CONTINUING IN PROGRAM ACTIVITIES.

I GIVE APPROVAL FOR MY SON TO PARTICIPATE IN ALL ACTIVITIES OF THIS HOCKEY CAMP AND ASSUME ALL RISKS, LIABILITIES AND HAZARDS ASSOCIATED WITH SUCH PARTICIPATION AND DO WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE SUDBURY CUBS JR. A HOCKEY CLUB, IT'S STAFF, TEAM VOLUNTEERS, AND ANY SPONSORS THAT MAY BE INVOLVED IN THE CAMP.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE HAVING READ AND UNDERSTAND THIS FORM AND AGREE TO ABIDE BY THE CONDITIONS.

I ALSO UNDERSTAND AND AGREE THAT THE COST OF ATTENDING THIS CAMP IS \$290. THIS NON-REFUNDABLE PAYMENT IS DUE UPON REGISTRATION TO SECURE YOUR SPOT.

PRINT NAME

SIGNATURE

DATE

In addition to this Registration Form, please provide credit card or e-transfer payment to: karen@ntaaa.ca for \$290 non-refundable payment.

Credit Card Information: (provide information associated with card)

Name on Card:

Card #:

Address:

Postal Code:

Expiry: /
 mm / yy

CVV #:

Please email completed form to: karen@ntaaa.ca