



Canora Minor Hockey Association

Hockey School/ Camp

Please Print Clearly

Players Name (Last name, First name)

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Date Of Birth (DD/MM/YY)

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Male/ Female

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Date of Hockey School/ Camp (MM/DD/YY)

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Canora Minor Hockey Association gives permission to the above recipient to attend this hockey school/ camp on the date on or dates provided for insurance purposes

Signature of CMHA Exec _____ (Position)

Date