



# Mentor Ice Breakers Professional Hockey Free Agent Camp

October 10-11, 2019  
Mentor Ice Arena

The Mentor Ice Breakers are holding a Free Agent Camp on October 10-11, 2019 at the Mentor Ice Arena, 8600 Munson Road, Mentor, OH 44060.

Camp consists of three (3) on-ice sessions at the Mentor Ice Arena. The first session will start Thursday, October 10<sup>th</sup> at 9 a.m. and go until 11 a.m. followed by a Thursday afternoon session from 1 p.m. to 3 p.m., and ending on Friday, October 11<sup>th</sup> with a morning session from 9 a.m. to 11 a.m. Check out from the hotel should be done no later than after the Friday morning session. Meals following each on-ice session will be provided as part of the camp fee. You will need to book your own hotel accommodations. Participants can book at our team hotel, the Wingate by Wyndham, by requesting the Mentor Ice Breakers corporate rate, (limited rooms available). The hotel address is 5785 Heisley Road, Mentor, OH 44060 and the phone number is +1 440-721-8198. The special rate is based on sharing a room with another player attending camp, and room assignments will be given at check in.

The camp will be run by General Manager and Head Coach Iain Duncan. A minimum of three (3) players will be selected to attend the Mentor Ice Breakers main camp starting on October 11, 2019.

The camp fee is \$199.00 (non-refundable), and it is required upon registration. Register quickly as slots are limited. Completed registration can be returned to the Ice Breakers via mail (Mentor Ice Arena, 8600 Munson Rd, Mentor OH 44060 c/o Mentor Ice Breakers Try Out Camp) or by emailing [iaind@mentoricebreakers.com](mailto:iaind@mentoricebreakers.com). For more information, please contact the Ice Breakers' office at +1 440-290-8502.

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***Please note that check-in is Friday, October 4, 2019. The Mentor Ice Breakers reserve the right to deny participation at their discretion.***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please Indicate if You Are Traveling By: Airplane      Automobile      (circle one)

### PAYMENT INFORMATION

Check (payable to Mentor Ice Breakers): \_\_\_\_\_ Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ AMEX: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV \_\_\_\_\_

Name As It Appears On Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*\* ALL REGISTRATIONS MUST BE RETURNED BY October 4, 2019\*\*\***

## PLAYER PROFILE INFORMATION

**\*\*\* PLEASE FILL OUT COMPLETELY\*\*\***

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Position: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Last Team Played For: \_\_\_\_\_ Year: \_\_\_\_\_

GP: \_\_\_ G: \_\_\_ A: \_\_\_ Pts: \_\_\_ PIM: \_\_\_ W: \_\_\_ L: \_\_\_ OT: \_\_\_ GAA: \_\_\_ SVP: \_\_\_

**\*\* PLEASE LIST TEAMS FROM PRIOR YEARS WITH STATS\*\***

Last Team Played For: \_\_\_\_\_ Year: \_\_\_\_\_

GP: \_\_\_ G: \_\_\_ A: \_\_\_ Pts: \_\_\_ PIM: \_\_\_ W: \_\_\_ L: \_\_\_ OT: \_\_\_ GAA: \_\_\_ SVP: \_\_\_

Last Team Played For: \_\_\_\_\_ Year: \_\_\_\_\_

GP: \_\_\_ G: \_\_\_ A: \_\_\_ Pts: \_\_\_ PIM: \_\_\_ W: \_\_\_ L: \_\_\_ OT: \_\_\_ GAA: \_\_\_ SVP: \_\_\_

Last Team Played For: \_\_\_\_\_ Year: \_\_\_\_\_

GP: \_\_\_ G: \_\_\_ A: \_\_\_ Pts: \_\_\_ PIM: \_\_\_ W: \_\_\_ L: \_\_\_ OT: \_\_\_ GAA: \_\_\_ SVP: \_\_\_

## Mentor Ice Breakers

### WAIVER

*(Please carefully read and sign)*

**Upon entering the Mentor Ice Breakers Professional Hockey Free Agent Camp, I understand that participation in the sport of ice hockey constitutes a risk to me of serious injury, including paralysis or death. I voluntarily and knowingly recognize, accept, and assume the risk and I release the Mentor Ice Arena, the Mentor Ice Breakers, its affiliates, their sponsors, event organizers and officials from any liability therefore.**

**I have my own insurance if any injury was to occur. If an injury were to happen, I know I am 100% responsible for all bills and medical treatment that such injury would require.**

*If you understand and agree to this waiver, please sign and date this document.  
Refusal to sign waiver will disqualify you from participation in the Mentor Ice Breakers Professional Hockey Free Agent Camp.*

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Sign Name

Date

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Print Name

Date

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Witness Signature

Date

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Witness Print Name

Date