



January 18, 2010

Dear Athlete,

Thank you for expressing an interest in BiLt RT for the summer of 2010. Our goal is to help you maintain and improve your existing skill set for ringette, and give you an advantage going into try-outs for the 2010-2011 season.

Our program will be structured for **committed athletes** who are willing to work hard to achieve their results. We will be combining one on-ice session with one off ice session each week on Tuesday and Thursday evenings. In comparison with other ringette camps, BiLt RT is customizable to your schedule- just pick the duration of your program: 4, 6, 8 or 10 weeks and then select the weeks you would like to participate! This summer we will be expanding our camp to accommodate two Training Groups. Groups will be divided based on **playing experience and intended level of play in the 2010-2011 season.**

This season we are excited to add one on one goalie coaching from some of the top Ringette Goaltenders in Calgary!! BiLt RT is excited to announce that Drew Belan has joined our staff as the Goalie instructor for the summer of 2010.

Please complete the attached registration form and return to BiLt RT by **MAY 1, 2010. Applications received after MAY 1, 2010 will be subject to a late submission fee of \$40.00.**

Further correspondence will be sent via email to confirm your registration.

This package includes: Registration form, Pricing information, Release and Waiver, and an Emergency Medical Form. Schedules will be sent out upon confirmed registration.

If you have any questions, concerns or comments, please feel free to contact us at biltrt@gmail.com

Yours in Ringette,

Lindsey Lovse & Hope Boychuk
BiLt RT
Focused Ringette Enhancement





SUMMER TRAINING PROGRAM REGISTRATION

Contact

Full Name:	
Address:	
City:	
Postal Code:	
Phone:	
Birthdate:	
Email:	

Ringette Training Sessions

Please circle your desired length of Training Session

4 weeks	6 weeks	8 weeks	10 weeks
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Please indicate the weeks you would like to participate in BiLt RT? (please check all that apply)

June 8	<input type="checkbox"/>	July 6	<input type="checkbox"/>	August 10	<input type="checkbox"/>
June 15	<input type="checkbox"/>	July 13	<input type="checkbox"/>	August 17	<input type="checkbox"/>
June 22	<input type="checkbox"/>	July 20	<input type="checkbox"/>		
June 29	<input type="checkbox"/>	July 27	<input type="checkbox"/>		

Ringette Information

Number of years in Ringette	
2009-2010 Ringette Team (ex. Jr. A)	
Next Season, my goal is to make: (ex. Jr. AA)	
Position	
Jersey Size (sizing chart on following pg)	S M L XL

Signature: _____ Date: _____

Please mail a completed application along with your \$75.00 non-refundable deposit, by **APRIL 1, 2010** to:

BILT Ringette Training
 1477 69th Street SW
 Calgary, Alberta
 T3H 3W8
 (Please make your cheque out to: BILT RT PARTNERSHIP)

Disclaimer: This program has no affiliation with Ringette Calgary, any of its quadrants, or AA Ringette. By participating in this training you are **NOT** guaranteed a position of any team, and in no way will this camp affect any evaluator's position to place you on a team.





PRICING

WEEKS	PRICE
4	\$300
6	\$375
8	\$425
10	\$475

* \$75.00 deposit will be deducted from your fees

Price Includes:

- 1 hr 15 min ice slots once a week
- Full on ice instruction
- BiLt RT practice jersey
- Focused off ice instruction once per week

JERSEY SIZES

Size	S	M	L	XL
Chest	40-42"	44-46"	48-50"	52-54"

* Jersey's are adult sized. If you require a Youth Jersey or Goaltender Jersey, please email biltrt@gmail.com with your preference.





**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AND PARENTAL CONSENT AGREEMENT
("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in the on-ice and off-ice ringette activity ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of on-ice and off-ice ringette activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: (a) ON-ICE AND OFF-ICE RINGETTE ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE BILT RT, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD





HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Participant: _____

Address: _____ (Street) (City) (Province) (Postal Code)

Phone: _____

Participant's Signature (only if age 18 or over):

Date: _____

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ON-ICE AND OFF-ICE RINGETTE ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR





ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: _____

Address: _____ (Street) (City) (Province) (Postal Code)

Phone: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

Date: _____





EMERGENCY MEDICAL INFORMATION

Name _____
(Last, First, Middle)

Address _____

Postal Code _____ Phone Number _____

Date of Birth _____

A.H.C. # _____

Additional Medical

Coverage _____

Next of Kin _____

Relationship _____

Address, same as above or

Phone Number, same as above or _____

Family Doctor _____

Phone Number _____

RELEVANT MEDICAL HISTORY

Medications

Allergies (Drugs, Antibiotics)

Allergies (Food/Beverage)

Date of Last Tetanus Shot





Previous Injuries

Major Operations

Contact Lenses: Yes _____ No _____ Type _____

Describe any medical problems that the coaching staff of this team should be aware e.g. epilepsy, diabetes, etc.

I, THE UNDERSIGNED PARENT (GUARDIAN) HEREBY GIVE MY PERMISSION FOR THE BILT RT STAFF TO AUTHORIZE SUCH EMERGENCY MEDICAL TREATMENT AS MAY BE REQUIRED.

SIGNED _____

Date: _____

