



Precision Goaltending Registration

Starting July 4th, 2010 until August 29th, 2010



Player's Name _____, _____ DOB: _____ Male
Last name First name Day Month Year Female

Address _____ Street _____ City _____ Postal Code _____

Father _____ Contact _____ Mother _____ Contact _____

Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

e-mail _____ e-mail _____

Emergency Contact _____ Phone _____

Medical Concerns _____

Teams Played for 2008 -09 _____ 2009 -10 _____

How Many years have you play goalie? Beginner 1 year 2 years 3 years 4 or more years

Precision Goaltending Waiver & Release of Liability

Participants and guardians hereby affirm that by enrolling in Precision Goaltending, Summer Weekly Goalie Skills Session. Venue, participants are required to provide all protective equipment to be used by participant. Participants and guardians are responsible for the safety and good operating condition of said equipment. Participants and guardians understand and agree that Precision Goaltending nor it's members, owners, operators, sponsors, agents, or coaches, may be held liable in any way for any occurrence in connection with the sessions which may result in injury, death or other damages to participant or their family, heirs, or assigns. Participants and participant's guardians have agreed to these release terms of their own free will. Participants and guardians assume responsibility for the participant's physical fitness and capability to perform under intense athletic conditions. In addition, parent / guardian spectators, having signed this waiver, release Precision Goaltending from any liability related to injury to themselves, and any extended family, resulting from being struck by stray pucks, sticks, or players. Precision Goaltending reserves the right to use any photos or videos taken during its events for advertising or promotional purposes.

_____/_____/_____
Print Player Name Player Birth Date

Print Parent or Guardian Name

_____/_____/_____
Parent or Guardian Signature Today's Date

Waivers must be completed and signed prior to players being allowed to participate in any Precision Goaltending on or off ice training. Please mail form and cheque for \$250.00 to: Robert Schrader 291 Gabert Road, Kemptville, Ontario, K0G 1J0. For further information please call 613-612-4625. (Cheques should be made out to Robert Schrader).