

# Minot Goalrobber Goalie Camp

August 12<sup>th</sup> – 14<sup>th</sup>, 2011

PARTICIPANT'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ M/F: \_\_\_\_\_ AGE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_ GARDIANS' NAMES: \_\_\_\_\_

### New Goalie Camp Participants:

Were you referred by a **previous** Goalrobber Hockey Camp participant? Yes or No (Circle One)

If Yes, by whom? \_\_\_\_\_

## Registration Form

PROGRAM	OVERALL SKILL LEVEL (Check One)	COST
MITE	( ) Intermediate/Goalie I	\$185.00
SQUIRT	( ) Intermediate/Goalie I	\$185.00
GIRLS 16 & UNDER	( ) Intermediate or ( ) Advanced	\$185.00
PEEWEE	( ) Intermediate or ( ) Advanced	\$185.00
BANTAM	( ) Advanced/Goalie 2	\$185.00
JV/VARSITY (BOYS & GIRLS)	( ) Advanced/Goalie 2	\$185.00
Other: _____	( ) Intermediate or ( ) Advanced	\$185.00

**Register by August 1<sup>st</sup>, 2011 with at least 50% Deposit**

**A \$25 late fee will be charged to anyone registered after August 1<sup>st</sup>!**

(\*Deposits will not be refunded after August 1st, 2011)

**Make Checks Payable to Goalrobber**

**Send Payment To:**

**Goalrobber, 1909 1/2 N. 14<sup>th</sup> Street, Bismarck ND 58501**

The following information is **required**. All participants must have health insurance and all requested information in order to participate in Goalrobber Hockey Schools and/or any Goalrobber affiliated programs!

#### RELEASE WAIVER, ASSUMPTION OF RISK AND INDEMNIFICATION

I/We hereby acknowledge and agree that in consideration of my/our child being permitted to participate in and attendance at Nate Speidel and/or Goalrobber affiliated activities.

I Do hereby release the Company, its officers, directors, employees, independent contractors or agents all recourses, claims, causes of action of any kind whatsoever, in respect of all personal injuries including death or property losses which may be suffered as arising out of or connected with the preparation in and attendance at the Nate Speidel and/or Goalrobber programs and activities, notwithstanding that such injuries or losses may have been caused solely or partly by the negligence of the Company or any of its Offices, directors, employees, independent contractors or agents.

And to hereby agree to indemnify and hold harmless Nate Speidel and/or Goalrobber, its officers, directors, employees, Independent contractors or agents from any or all claims, demands, cause of action of any kinds whatsoever including those involving negligence that may be made or initiated by or on behalf of my child arising out of or connected with my child's preparation for, participation in an attendance at any of the Nate Speidel and/or Goalrobber programs or activities.

Dated \_\_\_\_\_ Signature Parent/Guardian \_\_\_\_\_

I have read the complete application and agree to the terms as described therein. I certify that all the questions on the application have been answered correctly. I understand that no refunds will be made for any reason other than the refunds policy provided. This is also my consent, for my child to receive emergency medical assistance by a trained professional in case of accident.

Name of Player \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_

#### MEDICAL AND GENERAL INFORMATION FORM

Parents Name \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance No. \_\_\_\_\_

Medical Insurance Group No. \_\_\_\_\_

Medical Insurance Family No. \_\_\_\_\_

Does your child show drug or food allergies? \_\_\_\_\_

What? \_\_\_\_\_

history of serious illness, injury or surgery? \_\_\_\_\_

Please list any helpful suggestions to his/her health or treatment you wish to

have on file \_\_\_\_\_

other remarks \_\_\_\_\_