

REGISTRATION FORM

IROQUOIS FALLS - AUGUST 2010

Aug. 27th 7:30pm - 9:30pm
 Aug. 28th 9:00am - 11:00am
 Aug. 28th 1:00pm - 3:00pm
 Aug. 29th 9:00am - 11:00am
 Aug. 29th 1:00pm - 3:00pm

**All sessions to be held at Jus Jordan Arena
 729 Synagogue St., Iroquois Falls
 705-258-3423**

**Cost (taxes included):
 \$309.00**

*Each participant receives a goalie jersey with choice of number.
 A \$50 non-refundable deposit is required to confirm registration.*

Name: _____
 Address: _____
 City / Town: _____
 Postal Code: _____
 Telephone number: _____
 E-mail: _____
 Age: _____
 Jersey Number: _____

Jersey Size: *(please check one)*

- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Goalie Cut

TODD ROBILLARD

SKILLS GOALIE SCHOOL



Accident Release Form

I hereby release Todd Robillard, instructors and all staff members, from any possible claims, liabilities, obligations or responsibilities arising from any and all accidents, injuries or loss of equipment, whether they be on-ice or off-ice, hockey related or not, while:

_____ (Name of Participant)

Is participating in this/these program(s). I further certify that the applicant is in good health and is able to participate in the physical activities of a vigorous athletic agenda. In the event of injury or illness, Todd Robillard and other staff members have my permission to provide emergency first aid.

_____ (please print)
 Name of Parent or Guardian

_____ (please sign)
 Signature of Parent or Guardian

_____ day / month / year
 Date of Signature

Mail registration and make cheque payable to:
 Todd Robillard
 2423 Alexander Rd. North Bay, Ontario P1B 8A2

Cheques must be dated no later than:
 August 1st, 2010