

# REGISTRATION FORM

## IROQUOIS FALLS - AUGUST 2011

Aug. 19th	5:00pm - 7:00pm
Aug. 20th	9:00am - 11:00am
Aug. 20th	1:00pm - 3:00pm
Aug. 21st	9:00am - 11:00am
Aug. 21st	1:00pm - 3:00pm

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

**Cost (taxes included):  
\$319.00**

*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, 2011