

# REGISTRATION FORM

## AUGUST 28th - AUGUST 30th 2009

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

**All sessions to be held at  
Joe Mavrincac Community Complex  
55 Allen Ave., Kirkland Lake (705) 567-5215**

**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: \_\_\_\_\_

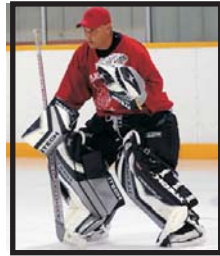
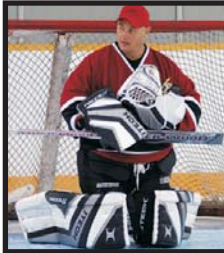
Jersey Size: *(please check one)*

- 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.

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Signature of Parent or Guardian (please sign)

\_\_\_\_\_  
Date of Signature day / month / year

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, 2009