

REGISTRATION FORM

DECEMBER 29th - DECEMBER 31st 2009

Dec. 29th	9:00am - 11:00am
Dec. 29th	11:00am - 1:00pm
Dec. 30th	9:00am - 11:00am
Dec. 30th	11:00am - 1:00pm
Dec. 31st	9:00am - 11:00am

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

Cost (taxes included):
\$309.00

A \$50 non-refundable deposit is required to confirm registration.

Name: _____

Address: _____

City / Town: _____

Postal Code: _____

Telephone number: _____

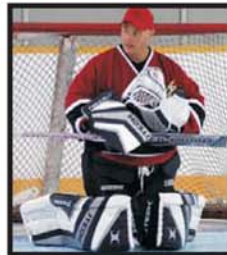
E-mail: _____

Age: _____



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:
December 1st, 2009