

REGISTRATION FORM

SEPTEMBER 3rd - SEPTEMBER 5th 2010

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|-----------|------------------|
| Sept. 3rd | 4:00pm - 6:00pm |
| Sept. 4th | 9:00am - 11:00am |
| Sept. 4th | 1:00pm - 3:00pm |
| Sept. 5th | 9:00am - 11:00am |
| Sept. 5th | 1:00pm - 3:00pm |

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

**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, 2010