



CANADIAN GOALTENDING ACADEMY

REGISTRATION FORM

Head Office - 159 Buchanan Drive , Alliston , Ontario , L9R 0A4

BARRIE TRAINING CENTRE OF EXCELLENCE

555 Welham Road , Barrie , Ontario , Canada L4N 8Z6

Phone : (705) 725 - 1794 Fax:(705) 725 - 1085

Web Site WWW.cangoal.com

EMAIL: cangoalac@hotmail.com

Goaltenders Name : _____ Nick Name : _____

Address : _____ City / Town: _____

Prov / State : _____ Postal / Zip: _____ Birth Date : _____ Age: _____

Home Phone : () _____ Business () _____ Email: _____

Level Played : () House () Select () Travel () A () AA () AAA () Jr () College () Pro _____

Team : _____ Years Playing _____ () Male () Female

Health Insurance# _____ Disabilities If Any _____

In Case Of Emergency Contact _____ Phone () _____

PROGRAM (S) SELECTED

Winter Programs # _____ Private Instruction _____ Direct to Practice _____ Clinic _____

Christmas Camp _____ March Break Camp _____ Pre Try Out Camp _____ Off Season _____

Summer Camps () Training Centre # _____ () Residence Camp # _____ () Molson Centre# _____

Please Note 10% Discount for 2 or More Programs

Method of Payment: Cheque _____, Money Order _____ Cash _____

If Paying by Cheque or Money Order :Total Amount \$ _____ + 6% GST _____ = \$ _____

PLEASE NOTE: Make Cheque Payable To CANADIAN GOALTENDING ACADEMY

Credit Card Payment : VISA () MASTER CARD () Note: Credit Cards Must Pay In Full

Card# : _____ / _____ / _____ Exp Date : _____ Total \$ _____

SIGNATURE

CANADIAN GOALTENDING ACADEMY POLICIES

1. All Registration Forms Must be Received With Full Payment
2. \$25.00 Service Charge & Bank Charge on N.S.F. Cheques
3. \$50.00 Service Charge On Refunds Given
4. No Refunds
5. If For Any Reason CANADIAN GOALTENDING ACADEMY Must Cancel a Program a Full Refund Will Be Given
6. All Students Must Wear Throat Protection NOTE: No Throat Guard / No Class.
7. CANADIAN GOALTENDING ACADEMY Retains the right to Terminate the Enrollment of a Student When it is Deemed to be In The Best Interest Of The Student or The School.

WAIVER

Acknowledging that ice hockey is a contact sport , I agree the CANADIAN GOALTENDING ACADEMY , servants and employees shall not be liable to me for any injury or damage resulting directly or indirectly from my participation in ice skating and ice hockey, whether incurred on the ice or otherwise in or about the bulidings.I further agree that I discharge C.G.A , Its agents , servants and employees from all actions,claims,and demands I may have for any injury of damage. I understand that my said agreements ,release and discharge,shall bind my heirs,legal representatives and assigns and shall insure to the benefit of C.G.A., its agents , servants and employees and their successors and assigns. It is further agreed that C.G.A. ,does not and shall not be considered to guarantee or warrant such equipment as may in the conduction of said school. C.G.A. Reserves the right to use any pictures taken during the school for advertising and / or instructional purposes. In the event that my son / daughter is injured during the operation of the Goaltending School , I hear by give my permission for their transport as needed to a medical practitioner or to a medical facility.

Parents Name _____ Signature _____ Date: _____