

Goalie Camp Registration



Name of Attendee: _____

Phone _____

E-mail _____

July 4-5-6, 2008

Bob McQuarrie Recreation Complex
1430 Youville Drive, Orleans

Additional Information for Goalies

Date of birth _____ Age ____

Level of play NEXT season: Junior Midget Bantam Pee-Wee

Last team played for and level (2007-2008) _____

Medical concerns which our staff should be aware of _____

OHIP # _____

July 4-5-6 2008

All registrations must be accompanied by a full payment. A cancellation fee of \$50.00 will be charged for goalies unless for medical reasons, and then must be accompanied by a doctors certificate.

Cheque to be made payable to *Eastern Ontario Cobras*

\$295
All day Friday Saturday/Sunday
9 hours on-ice 5 hours theory & off-ice

PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

In consideration of the Eastern Ontario Cobras acceptance of:

(Name) _____

as a registrant in their goalie camp, the registrant and his/her parents and/or legal guardian agrees that the Cobras and/or its staff and/or organizers and /or directors will not be held responsible or liable for any accidents or loss of personal property, however caused, and that the Cobras and/or its staff and/or its organizers and/or its directors are not responsible or liable for any injury to the registrant arising out of or in connection with the operation or activities of the goalie camp.

It is further agreed that all risks attendant to watching and/or participating in the goalie camp, including but not limited to bodily harm are assumed by the student and his /her parents and/or legal guardian and that this assumption is acknowledged by their signatures hereto.

Signature of Student _____

Signature of Parent or Guardian _____

Date _____

Return with full payment to:

Eastern Ontario Cobras
PO Box 323
Casselman, Ontario
K0A 1M0