

REGISTRATION FORM

(Please appropriate program)

AUGUST 10th - AUGUST 14th 2009

- Session 1 9:00am - 11:00am
- Session 2 11:00am - 1:00pm

AUGUST 17th - AUGUST 21st 2009

- Session 3 9:00am - 11:00am
- Session 4 11:00am - 1:00pm

**All sessions to be held at Pete Palangio Arena
North Bay, Ontario 476-2000**

Cost (taxes included):

**1 Session: \$279.00
2 Sessions: \$479.00**

*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

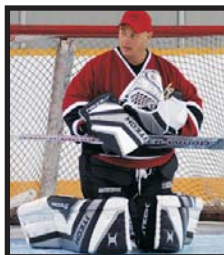
Adult Medium

Adult Large

Goalie Cut

TODD ROBILLARD

SKILLS GOALIE SCHOOL



www.skillsgoalieschool.net

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