



2019 Carroll Goalie School

PRINTABLE REGISTRATION FORM

Goalie name _____

Address _____ City _____ State _____ Zip _____

Parent/guardian phone# _____ Parent/guardian e-mail _____

Emergency phone# _____ Emergency Contact _____

Birthdate _____ Preferred jersey size _____

Insurance Company _____ Policy Number _____

Any health/special needs we should be aware of?

Yes _____ No _____ If yes, please explain _____

Check session(s) registering for:

_____ #1	Intro to Goaltending	June 22-23	Richfield Arena	\$195
_____ #2	Intermediate Skills	June 21-23	Richfield Arena	\$425
_____ #3	Intermediate Skills	July 12-14	Eagan Civic Arena	\$425
_____ #4	Intermediate Skills	Aug. 16-18	Schwan Super Rink	\$425
_____ #5	Intermediate Skills	Aug. 23-25	Braemar Arena	\$425
_____ #6	Tryout Tune-up	Sept. 5,7,8	TRIA Rink - St. Paul	\$425
_____ #7	Advanced Skills	Sept. 6-8	Richfield Arena	\$550
_____ #8	Tryout Tune-up	Sept. 12,14,15	Richfield Arena	\$425
_____ #9	Tryout Tune-up	Sept. 20-22	Richfield Arena	\$425
_____ #10	Tryout Tune-up	Sept. 19,21,22	St. Michael-Albertville Arena	\$425

Waiver

As the parent and/or legal guardian of this participant, I understand the Carroll Goalie School (or Steve Carroll Goalie School), its coaches and school personnel shall not be held liable for any claim due to accidents, injuries, loss of property, however caused, and expressly releases the Carroll Goalie School, its coaches and school personnel for any and all such claims.

I understand there is a risk of serious injury by participating in the goalie school or from watching the activity and voluntarily assume all risks. I believe, to the best of my knowledge, this participant is in good health and able to fully participate in the program.

I give my consent to the Carroll Goalie School coaching staff and school personnel, in my absence, to seek appropriate emergency medical/dental care for this participant for any injury or illness which may arise from participating in the Carroll Goalie School.

The Carroll Goalie School does not provide medical/health/dental insurance for participants. I understand I am responsible for providing primary medical/health/dental insurance coverage for this participant.

Carroll Goalie School reserves the right to use any pictures/video taken during the school for advertising/promotional/instructional /social media purposes..

Refund of registration fees, minus a \$75 cancellation charge, will be given up to 30 days prior to the start of the session (s) registered for. After that, no refunds will be issued for any reason including but not limited to, conflicts with other scheduled athletic events.

I have read the above waiver information, explained the meaning and risks to the participant and agree to all terms and conditions. I agree to his/her voluntary participation in the Carroll Goalie School.

Parent/guardian name: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Mail completed form and full payment to:

**Carroll Goalie School
PO Box 23028
Minneapolis, MN 55423**

Make check payable to: Carroll Goalie School