

# Goalie Camp Registration



July 6-7-8, 2007  
Ray Friel Complex  
1585 Tenth Line, Orleans

Name of Attendee: \_\_\_\_\_

1996 & younger  1995 & older

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

## Additional Information for Goalies

Date of birth \_\_\_\_\_ Age \_\_\_\_

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

Last team played for and level (2006-2007) \_\_\_\_\_

Medical concerns which our staff should be aware of \_\_\_\_\_

\_\_\_\_\_

OHIP # \_\_\_\_\_

**July 6-7-8 2007**

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 to *Eastern Ontario Cobras Goalie Camp*

<b>\$295</b>
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