

SMG

SCOTT MURRAY GOALTENDING

ATHLETE INFORMATION

NAME:

BIRTH DATE:

HEIGHT:

CURRENT TEAM & LEVEL:

COMMENTS:

MALE OR FEMALE:

WEIGHT:

CAMP LOCATION: North Bay / Sudbury

CAMP PROGRAM: Basic / Advanced

CONTACT INFORMATION

PARENTS OR GUARDIANS NAME(S):

ADDRESS:

PHONE NUMBERS: HOME - CELL -

E-MAIL ADDRESS:

MEDICAL INFORMATION

HEALTH CARD #:

MEDICAL CONDITIONS:

COMMENTS:

EMERGENCY CONTACT:

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WAIVER FORM

RISK OF INJURY - I understand and appreciate that the risk of injury from hockey is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of injury does exist. By my child's/my participating, I knowingly assume all such risks, both known and unknown. Further, I have read, understood, and agree to the waiver of Liability, and Indemnity Agreement. I will, in no manner hold SM Goaltending (SMG), its facilities or any of its members, agents or facilities liable for any injury incurred during training activities or the interval of time prior to and after such activities when the student is returned to my supervision.

CONDUCT - I hereby understand and agree to abide by and support the rules of play, personal conduct and terms for participation in training activities.

AUTHORIZATION FOR SERVICES - I hereby give consent for SM Goaltending (SMG) and its member facilities/agents to provide my child/myself with emergency care as warranted and associated with participating during all goaltending instructional sessions and related activities.

PROMOTIONS - I hereby authorize SM Goaltending (SMG) and its member facilities/agents to utilize my child's/my name and/or photographic or verbal representation by any media format (i.e. videotaping, audio-taped interviews, photographs, etc.) in the promotion of their program.

I HEREBY CERTIFY THAT MY CHILD/I IS/AM IN GOOD PHYSICAL AND MENTAL HEALTH AND FULLY ABLE TO PARTICIPATE IN PROGRAM(S) THAT MAY BE PHYSICALLY DEMANDING.

SIGNATURES - I understand and agree to respect all these conditions of participating in the full scope of goaltending and hockey instructional programs/services of the SM Goaltending (SMG) at any of their member facilities.

_____ SIGNATURE:

Participant/Parent (if child is a minor)

REGISTRATION AND REFUND POLICY

A signed application form must be accompanied by payment of the amount specified.