



Goaltender Clinic

Sunday, January 17, 2016

11:30 a.m. to 1:00 p.m. for Initiation to Pee wee
(Bantam and Midget - Please request. There might be space.)

Lucknow & District Sports Complex

Registration Form

Player Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____

Province: _____ **Postal Code:** _____

Phone #: _____ **Email:** _____

Emergency Contact: _____ **Phone #:** _____

Allergies: _____

Session or Program you are registering for: Goaltender Clinic

Please make \$50 (per registrant) cheque payable to: **Lucknow Minor Hockey**
You will be registered with received payment.

Questions? Please contact Denise Angst at angstpd@hurontel.on.ca

Send registration to:

Lucknow & District Sports Complex
P.O. Box 785
Lucknow, ON
N0G 2H0

WAIVER - TERMS & CONDITIONS

Refunds due to cancellation will be credited towards future programs, no cash refunds. By signing this form I agree with all the terms and conditions listed. I hereby grant permission for myself or my child to take part in programs and/or clinics at The Zone Training Inc.

I hereby release its employees, servants, representatives, instructors and its respective agents, from and against all or any claims, actions resulting in injury, loss, damage or death to myself or my child, however caused, arising out of mine or my child's participation in the aforementioned school, regardless of negligence or breach of contract by The Zone Training Inc., its employees, servants, representatives, instructors and its respective agents.

Parent or Legal Guardian: _____

Date: _____