

2008 SUMMER CAMPS REGISTRATION

CAMP: _____ **GROUP:** _____

<p>Goalies Name: _____</p> <p>*Parents Name(s): _____ *(required for parents admission passes)</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal Code: _____</p> <p>Telephone: _____</p> <p>Email Address: _____</p> <p>Date of Birth: _____</p> <p>Alberta Health Care #: _____</p> <p>Team / Level / Division currently playing for: _____</p> <p>FOOD ALLERGY : _____</p> <p>OTHER COMMENTS: _____ _____</p>	<p>Payment Method:</p> <p>Credit Card Payment</p> <p>You may use your VISA or MASTERCARD to make your camp payment. Please complete the details below:</p> <p>Name of Cardholder: _____</p> <p>VISA number: _____</p> <p>MASTERCARD number: _____</p> <p>Expiry Date: _____</p> <p>Amount of Payment: 1) _____ 2) _____ 3) _____</p> <p>I hereby give World Pro Goaltending permission to use the above information for camp registration.</p> <p>Signature of Cardholder: _____</p> <p>Cheque Payment:</p> <p>Please find enclosed the registration payment of \$ _____</p> <p>Registration will be confirmed upon receipt of full payment.</p>
---	--

WAIVER

I understand that hockey is a contact sport and injuries may occur as a result of participation in the sport. I further understand that World Pro Goaltending Inc. or its employees will not be held responsible for any injuries incurred by the athletes or parents/guardians while participating in the World Pro Goaltending Inc's services and clinics.

Parents Signature: _____

Parents Name: _____

Date: _____