

World Pro Goaltending Registration Form

CAMP: _____ **GROUP:** _____

Goalies Name: _____

*Parents Name(s): _____

*(required for parents admission passes)

Address: _____

City: _____

Postal Code: _____

Telephone: _____

Email Address: _____

Date of Birth: _____

Provincial Health Care #: _____

Team / Level / Division currently playing for:

FOOD ALLERGY : _____

OTHER COMMENTS: _____

Payment Method:

Credit Card Payment

You may use your VISA or MASTERCARD to make your camp payment. Please complete the details below:

Name of Cardholder:

VISA number:

MASTERCARD number:

Expiry Date:

Amount of Payment:

I hereby give World Pro Goaltending permission to use the above information for camp registration.

Signature of Cardholder:

Cheque Payment:

Please find enclosed the registration payment of
\$ _____

Registration will be confirmed upon receipt of full payment.

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: _____