



REGISTRATION

ABC of GOALKEEPING ACADEMY

Mailing address:
**326 Buckingham Road
 Newmarket, ON L3Y 6K5**

Registrant Information

Name of Player (First/Last)		
Birthdate (pls spell out month)		
Address		
City/Province	Postal Code	
Home Phone	Cell Phone	
Other Phone (please specify)	Email Address	
Current Soccer Club	Level	

Parent/Guardian Information if under Age

Name of Parent(s)		
Address		
City/Province	Postal Code	
Home Phone	Cell Phone	
Other Phone (please specify)	Email Address	

FEES for 10 session	Beginners	\$ 150.00	Check what applies
	Advanced	\$ 200.00	
	Pro-Level	\$ 250.00	

REFUNDS AND CANCELLATIONS

A written cancellation request must be received 2 weeks prior to session start in order to receive a refund, less a \$25 processing fee. No refunds will be given after the cancellation date. Substitutions will be accepted with advance notice. ABC of Goalkeeping Academy reserves the right to cancel this program due to insufficient enrollment and limits its liability to registration refunds only.

DISCLAIMER

ABC of Goalkeeping Academy and any associated clubs are not responsible for any injury (or loss of property) or death to any person suffered while participating in or in any way involved in the ABC of Goalkeeping Academy, including negligence on the part of ABC of Goalkeeping Academy, associated clubs or its trustees and officers.

PARENT/GUARDIAN AUTHORIZATION

I verify that my child has been checked by a licensed physician prior to attending the ABC of Goalkeeping Academy and is physically able to participate fully. I agree to allow my child to be treated by a licensed trainer and/or physician while attending the academy, and assume all risks resulting from the participation in all activities of the Academy. I agree to hold harmless the ABC of Goalkeeping Academy, and its associated clubs or its trustees and officers of any and all liability actions, courses of action, claims and demands of every kind and nature what so ever, which may arise in connection with or resulting from my child participating in any of the Academy activities. If there are any medical, psychological or pharmacological conditions that would preclude this person from fully participating in all activities at the ABC of Goalkeeping Academy, please specify inhibiting condition(s):

Participant Signature/Date _____

* Parent/Legal Guardian Signature/Date _____

* Parent/Legal Guardian Name (please print) _____

* OHIP Number

Payment made by Cheque

*NSF cheques \$25 bank charge

Payment made by Cash

