



Piero Greco Goalie School  
 16 Hartley Crt. Concord, Ontario L4K 4W4  
 Phone: 416 617 9886  
 e-mail: info@grecogoaltending.ca

## REGISTRATION and Waiver FORM

Today's Date: MM/DD/YYYY

### GOALIE INFORMATION

Last name:		First:		Middle:	
Street address:		City:		Prov/State:	
Postal/Zip Code:	Country:	Birth Date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Home phone #:	Work Phone #:	Cell #:	Fax #		
E-mail Address:		Health Card#:	Life Insurance Company #:		
Health Conditions:					
Current Team:		Level:			
		<input type="checkbox"/> A <input type="checkbox"/> AA <input type="checkbox"/> AAA <input type="checkbox"/> Junior/College <input type="checkbox"/> Other			

### 2012 DESIRED CAMPS

<b>March Break</b> Mar12-14  3:1 \$325 <input type="checkbox"/> 2:1 \$485 <input type="checkbox"/> +HST	<b>Jul 16-20</b> Camp 1  3:1 \$720 <input type="checkbox"/> 2:1 \$1080 <input type="checkbox"/> +HST	<b>Jul 23-27</b> <b>Elite</b> JR's Only  3:1 \$850 <input type="checkbox"/> 2:1 \$1250 <input type="checkbox"/> +HST	<b>Jul- Aug 30-3</b> Camp 3  3:1 \$720 <input type="checkbox"/> 2:1 \$1080 <input type="checkbox"/> +HST	<b>Aug 6-10</b> Camp 4  3:1 \$720 <input type="checkbox"/> 2:1 \$1080 <input type="checkbox"/> +HST	<b>Aug 13-17</b> <b>Advanced</b> 97's & Older  3:1 \$800 <input type="checkbox"/> 2:1 \$1200 <input type="checkbox"/> +HST
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\*Note: HST (Harmonized Sales Tax )  
 The above costs are listed in Canadian funds (CDN) and do not include the 13% HST.

Greco Goaltending Goalie Cut Jersey is Included : I want a Jersey

# WAIVER – IMPORTANT

**I. 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 Piero Greco Goalie School, 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.

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

**III. AUTHORIZATION FOR SERVICES** - I hereby give consent for Piero Greco Goalie School 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.

**IV. PROMOTIONS** - I hereby authorize Piero Greco Goalie School 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 Piero Greco Goalie School at any of their member facilities.

\_\_\_\_\_  
SIGNATURE:

Participant/Parent (if child is a minor)

\_\_\_\_\_  
DATE:

## REGISTRATION AND REFUND POLICY

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

**NOTE: No refunds will be granted on any programs.**

## PAYMENT DETAILS

Payment by cheque only!

Make cheques payable to the: **Piero Greco Goalie School**



Mail payment, with completed signed Registration and Waiver to:

**Piero Greco Goalie School**  
16 Hartley Crt  
Concord, Ontario L4K 4W4  
Phone: 416 617 9886

e-mail: [info@grecogoaltending.ca](mailto:info@grecogoaltending.ca)