

Goalrobber Summer Goalie Camp

July 30st – August 1st, 2010

PARTICIPANT'S NAME: _____ ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: () _____ - _____ M/F: _____ AGE: _____
 CONTACT EMAIL: _____ GARDIANS' NAMES: _____

New Goalie Camp Participants:

Were you referred by a *previous* Goalrobber Summer Goalie Camp participant? Yes or No (Circle One)
 If Yes, by whom? _____

Registration Form

PROGRAM	OVERALL SKILL LEVEL (Check One)	COST
MITE	() Intermediate/Goalie I	\$185.00
SQUIRT	() Intermediate/Goalie I	\$185.00
GIRLS 16 & UNDER	() Intermediate/Goalie I	\$185.00
PEEWEE	() Intermediate or () Advanced	\$185.00
BANTAM	() Advanced/Goalie 2	\$185.00
JV/VARSITY (BOYS & GIRLS)	() Advanced/Goalie 2	\$185.00
Other: _____	() Intermediate or () Advanced	\$185.00

You Must Register Before July 15th, 2010

A deposit of 50% is required with registration form and balance is due at camp registration.
A \$25 late fee will be charged to anyone registered after July 15th!
 (*Deposits will not be refunded after July 15th, 2010)

Make Checks Payable to Goalrobber

Send Payment To:

Nate Speidel, 1909 1/2 N. 14th Street, Bismarck, ND 58501

The following information is required. All participants must have health insurance and all requested information in order to participate in Goalrobber goalie schools and/or any Goalrobber affiliated programs!

RELEASE WAIVER, ASSUMPTION OF RISK AND INDEMNIFICATION

I/We hereby acknowledge and agree that in consideration of my/our child being permitted to participate in and attendance at Nate Speidel and/or Goalrobber affiliated activities.

I do hereby release the Company, its officers, directors, employees, independent contractors or agents all recourses, claims, causes of action of any kind whatsoever, in respect of all personal injuries including death or property losses which may be suffered as arising out of or connected with the preparation in and attendance at the Nate Speidel and/or Goalrobber programs and activities, notwithstanding that such injuries or losses may have been caused solely or partly by the negligence of the Company or any of its Offices, directors, employees, independent contractors or agents.

And to hereby agree to indemnify and hold harmless Nate Speidel and/or Goalrobber, its officers, directors, employees, independent contractors or agents from any or all claims, demands, cause of action of any kinds whatsoever including those involving negligence that may be made or initiated by or on behalf of my child arising out of or connected with my child's preparation for, participation in an attendance at any of the Nate Speidel and/or Goalrobber programs or activities.

Dated _____ Signature Parent/Guardian _____

I have read the complete application and agree to the terms as described therein. I certify that all the questions on the application have been answered correctly. I understand that no refunds will be made for any reason other than the refunds policy provided. This is also my consent, for my child to receive emergency medical assistance by a trained professional in case of accident.
 Name of Player _____ Relationship _____

Signature _____

MEDICAL AND GENERAL INFORMATION FORM

Parents Name _____

Address _____

Medical Insurance No. _____

Medical Insurance Group No. _____

Medical Insurance Family No. _____

Does your child show drug or food allergies? _____

What? _____

history of serious illness, injury or surgery? _____

Please list any helpful suggestions to his/her health or treatment you wish to

have on file _____

other remarks _____