



2010 Program Registration Form

Sports / Hockey Joint MMH/SMMH and SFCRA Goalie Clinics

333 Shawville Blvd S.E.
Phone: 201-8652
Fax: 201-8657

Instruction for Goalie Clinics is being provided by GDI. Each clinic varies in content.

Program Name	Date	Times	Course Code	Member Cost	Non-Member Cost	Check to Register
Goalie Clinic #7 Novice, Atom 1 st year Peewee	Thursday November 11, 2010	1:00 – 2:30pm	3324	\$35.00	\$40.00	<input type="checkbox"/>
Goalie Clinic #8 2 nd year Peewee Bantam & Midget	Thursday November 11, 2010	2:45 – 4:15pm	3325	\$35.00	\$40.00	<input type="checkbox"/>
Goalie Clinic #9 Novice, Atom 1 st year Peewee/ 2 nd year Peewee Bantam & Midget	Tuesday November 16, 2010	6:00 – 7:15pm	3327	\$65.00	\$75.00	<input type="checkbox"/>
	Thursday December 2, 2010	6:00 – 7:15pm				
	Tuesday December 14, 2010	6:15 – 7:15pm				
Goalie Clinic #10 2 nd year Peewee Bantam & Midget	CANCELLED					

NAME OF PARTICIPANT: _____

HOCKEY ASSOCIATION: _____ **HOCKEY TEAM LEVEL:** _____

NAME OF PARENT/GUARDIAN: _____ **EMERGENCY CONTACT #:** _____
(if under 18 yrs)

ADDRESS: _____ **POSTAL CODE:** _____

PHONE NUMBER: (H) _____ (B) _____ **ALBERTA HEALTH CARE #:** _____

EMAIL ADDRESS: _____ **BIRTHDATE:** _____

CREDIT CARD #: _____ **EXPIRY DATE:** _____
(if paying by credit card)

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF: _____

Participation Waiver:

Every reasonable precaution has been taken to ensure the safety of the event and the participants. I understand that there are inherent physical risks associated with the sport of hockey. I, on behalf of myself, my child, my heirs, successors and assigns, assume all risks and hazards incidental to the conduct of the activity, also transportation to and from the activity, and any medical costs that may arise with respect to my participation. I do further hereby release, indemnify and hold blameless the South Fish Creek Recreation Association, Midnapore/Shaw Meadows Minor Hockey, the employees, sponsors, instructors and supervisors of the Association(s).

- 1) From time to time South Fish Creek Recreation Association will take photos of program participants for marketing purposes. If you **DO NOT** wish to have your photo or that of your child's published please indicate by checking the following box otherwise, South Fish Creek Recreation Association will assume consent. No, I do not give permission.
- 2) South Fish Creek Recreation Association reserves the right to cancel these programs and issue a full refund if there is insufficient registration by the registration deadline.
- 3) Registration forms will be accepted on a first come first served basis. You will be contacted if your first session choice is unavailable. Members include SFCRA Founding Members, as well as card holding members of the following communities: Evergreen/Shawnee, Midnapore, Sundance, Millrise, Shawnessy, Bridlewood, Somerset, and Lake Chaparral.

SIGNATURE: _____ **DATE:** _____

I understand and agree to abide by the above rules. If I do not abide by the rules, I understand that I may be removed from the program without a full refund.