THE OFFICIAL SITE OF ORONO YOUTH HOCKEY

Registration Form

STAUBER'S GOALCREASE

	Program	Ice Sessions Regular Goalcrease Price	Your Price Orono Special	Total
❑	Orono Youth Hockey	1	$39 (Limit 4 per goalie at reduced Rate)	____ x $39 = ____
❑	Goalcrease	1	$97 (Limit 10 per goalie at reduced Rate)	____ x $97 = ____

**Session rate only good for goalies playing in the Youth Program. If any goalie registers for Youth but later leaves to play on a different team, such as High School, the goalie will no longer be eligible for the rate and will be held responsible for the difference in session rate.

Registration

Goaltender's Name	
Most Recent Level of Play	
Hockey Team/Association	
# of Years of Goaltending Experience	
Date of Birth	
Gender	
Address	
City, State, ZIP	
Parent's/Guardian's Names	
Home Phone Number	
Day Phone Number	
Email Address	

☐ **I authorize my Goalie's Orono Youth Hockey Coach(s) to access my account to view on-line session reports. (please ✓)**

I agree that Stauber's Goalcrease, Inc., and/or its proprietors will not be held responsible for any accidents or loss however caused, and agree to release the proprietors from all claims or damages which may arise as a result of/or by reason of such accidents or loss.

The undersigned student, parent, or legal guardian acting on behalf of the student, grants Stauber's Goalcrease, Inc. and parties designed by Stauber's Goalcrease, Inc., the irrevocable right to use my name and photograph in any medium including but not limited to print and electronic for purposes of advertising, trade, display, exhibition or editorial use. I hereby waive any and all rights I may have to inspect or approve any of the finished or unfinished photographs, video tapes or other means of reproduction referred to herein, so long as the use is of a lawful purpose.

I am at least 18 years of age and otherwise meet the age of majority requirements in my state or have permission from my parent/legal guardian as indicated by their signature below. I have read the above and thoroughly understand its terms and meaning, and I know no reason why I am not free and competent to grant this release.

Signature _____ **Date** _____

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