STAUBER'S
GOALCREASE

Wayzata
Registration Form

	Program	Ice Sessions	Your Price	Total
❑	Goalcrease	1	$90* (Limit 5 per goalie at reduced Rate)	____ x $90* = ____

***Wayzata Goaltenders are eligible to purchase up to 5 sessions at a reduced rate of $90 per session.**

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	
On-line Password	

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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