



'21-'22 Registration Form



One-on-One Sessions with Goalcrease Professional Instructors

<input type="checkbox"/>	Orono Youth Hockey Subsidized 4 Pack 1-on-1 Sessions at Goalcrease	\$50 each	\$200 (reg price would be \$580)
<input type="checkbox"/>	Goalcrease Special "out of pocket" Price	\$105 each*	_____ x \$105 = _____

*Regular price is \$145 per session.

*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. Special Price additional discount is good only once per year.

Registration

Goaltender's Name

Date of Birth

Gender

Address

City, State, ZIP

Parent's/Guardian's Names

Primary phone number (s)

Email Address(es)

- Submit this form along with payment to Goalcrease. jhall@goalcrease.com or
- **Register over the phone by calling 952-942-7001**
- If you are a new client, go to www.goalcrease.com/scheduling and create a new username and password. Register the goalie's name as listed above in order to synch that account with this registration.
- You can schedule all of your sessions online, but cannot receive these discounts through online purchases.

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** _____

Internal use Only:

Amount/Method Paid _____

Scheduling account updated by _____

Finalized by _____