



Minnetonka Goalie Training Registration Form 2020-2021

MYHA loves their goalies. They will help to pay for expert 1-on-1 instruction at Goalcrease

- Training opens 10-1-2020
- Deadline to register is 12-31-2020
- Scan this document to jhall@goalcrease.com or call 952-942-7001 to register.
- Schedule at www.goalcrease.com after payment and registration is received by Goalcrease.

	Program	1-on-1 Goalie Sessions	Your Price	Total
<input type="checkbox"/>	MYHA Discounted Goalcrease Training	5	\$260 (reg. price is \$650)*	\$260

*This is a discounted price due to MYHA's contribution towards registration fees

Goaltender's Name	
Age level for 20-21 season	
Date of Birth	
Gender	M F
Address	
City, State, ZIP	
Parent's/Guardian's #1 Name/cell phone	
Parent/guardian #2 name/cell phone (options)	
Parent #1 email	
Parent #2 email (optional)	

*****ADDITIONAL TONKA DISCOUNT:** Although 1on1 Goalcrease sessions start at \$145 each, MYHA goalies that register for this initial 5 pack are eligible for a once/year purchase of additional sessions at **just \$105/session**. Contact Jeff Hall at Goalcrease to take advantage of this deal.

I agree that Staubers 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 Staubers Goalcrease, Inc. and parties designed by Staubers 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 _____

Staubers Goalcrease

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Phone: 952.942.7001 □ jhall@goalcrease.com □ www.goalcrease.com