



# WHERE THE BEST COME TO TRAIN



## APPLICATION:

Please choose your Program and fill out application below to register. This application is also offered in PDF format for those who prefer to pay by cheque.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_ Birth date/year: \_\_\_\_\_

Age division: \_\_\_\_\_ Team classification: \_\_\_\_\_  
(ie. Atom) (ie. recreational, AA etc.)

E-mail address\*: \_\_\_\_\_ Telephone (home): \_\_\_\_\_

Telephone (work): \_\_\_\_\_ Telephone (emergency): \_\_\_\_\_

Medicare/hospital: \_\_\_\_\_ Program Request: \_\_\_\_\_

Program cost: \_\_\_\_\_ Jersey Size - Mens: \_\_\_\_\_  
(Jerseys not provided with all programs)

## WAIVER:

I understand and I / my child / my ward agree(s) that Alexander Goaltending, it's instructors, the ice hockey arenas and it's employees will not be liable or held responsible for any accident or loss however caused and agree to release all mentioned parties from all claims and damages. I further verify that my child / my ward has no medical conditions that would preclude his/her participation in any training sessions and that the above mentioned parties will not be held responsible for any medical, dental, or insurance claims resulting from injury. I further understand and I / my child / my ward agree(s) that while in attendance at any Alexander Goaltending camps photos and / or videos may be taken which may be used for promotional purposes. These photos / videos become the exclusive property of Alexander Goaltending.

(You may pay by e-mail transfer, cheque, cash or Credit Card. If paying by Credit Card, please complete the information below)

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ CVC Code: \_\_\_\_\_ Date: \_\_\_\_\_