



**JIM PARK GOALIE SCHOOL**  
**33 Braeburn Drive**  
**Thornhill, Ontario L3T 4V2**  
**(905) 881-4093**

**REGISTRATION FORM**  
**2011**

PLEASE PRINT OR TYPE YOUR ANSWERS CLEARLY. ALL QUESTIONS MUST BE ANSWERED IN FULL. ONCE COMPLETED, PLEASE MAIL TO THE ADDRESS ABOVE. **FULL PAYMENT MUST ACCOMPANY APPLICATION.**

**1. APPLICATION INFORMATION**

NAME: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PROV/STATE \_\_\_\_\_

POSTAL CODE/ZIP \_\_\_\_\_ E-MAIL ADDRESS\*\* \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

BIRTHDATE (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

**Please Note:** Upon receipt of your registration a detailed confirmation with maps, hotels and other important information will be mailed to you within a few days.

**PERSON TO CONTACT IN CASE OF EMERGENCY (DAYTIME):**

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

HOSPITAL INSURANCE COMPANY & NUMBER

\_\_\_\_\_

\_\_\_\_\_

The participant and parents acknowledge and agree that Jim Park Goalie School Inc. or any of the other principals, officers, Employees, agents, directors or instructors will NOT be held responsible for any accident, damage, injury or loss, however caused, negligent or otherwise, at any time and expressly releases any and all the aforementioned parties from all claims arising from any accident, damage, injury or loss or as a consequence thereof.

Also I hereby authorize the Jim Park Goalie School Inc. staff to seek any emergency medical treatment they deem necessary for my son, daughter or legal dependant.

\_\_\_\_\_  
 PARTICIPANT (**18 & Older - Signature Required**) DATE

\_\_\_\_\_  
 MOTHER (**Signature Required**) DATE

\_\_\_\_\_  
 FATHER (**Signature Required**) DATE

\_\_\_\_\_  
 GUARDIAN (**Signature Required**) DATE

Registrations are accepted on a first-come, first-serve basis and numbers are limited, so enroll now. There will be no refunds after May 15<sup>th</sup>, 2011. All cancellations are subject to a \$50.00 processing fee.

The above release is standard for any Hockey School.  
**YOU WILL NOT BE REGISTERED WITHOUT PARENTAL SIGNATURE**

**2. PROGRAMS AVAILABLE – Please read this section carefully and completely before selecting**

**PLEASE NOTE – THERE IS NO RESIDENCE AVAILABLE AUGUST 15-19  
Those in residence Aug. 8-12 must check out on Friday Aug. 12<sup>th</sup>**

A. **DEDICATED** – 2 goalies share a net.

July 11-15             July 18-22             July 25-29  
 Aug. 1-5               Aug. 8-12               Aug.15-19

Cost:  \$780 CDN - ICE ONLY  
 \$1,150 CDN - ICE & RESIDENCE

B. **SUPER DEDICATED** - 5 goalies share 4 nets. 4 hours a day in the net.

July 11-15             July 18-22             July 25-29  
 Aug. 1-5               Aug. 8-12               Aug.15-19

Cost:  \$1,120 CDN - ICE ONLY  
 \$1,490 CDN - ICE & RESIDENCE

C. **SPECIAL JUNIOR CAMP**- 8 goalies share 6 nets. 4 hours a day in the net.  
RESTRICTED: to 14 yrs. and older “AAA” or high school caliber.

July 11-15             July 18-22

Cost:                     \$1,120 CDN – ICE ONLY  
                               \$1,490 CDN – ICE & RESIDENCE

D. **PRIVATE CAMP** - 4 hours on ice per day - 1 instructor & 1 shooter for each goalie, 1/4 of the ice each.

July 11-15             July 18-22             July 25-29  
 Aug. 1-5               Aug. 8-12               Aug.15-19

Cost:                     \$1,990 CDN - ICE ONLY  
                               \$2,360 CDN - ICE & RESIDENCE

**Net hours for this program are 9 a.m.-11 a.m. & 1 p.m.- 3 p.m.  
You can have a second shooter for the week for an additional \$225 CDN**

In most cases, these fees qualify as a childcare expense and are tax deductible.

**FREE MESH JERSEY**

Each applicant registered on or before May 25, 2011 will receive a free mesh jersey to wear over his/her equipment.  
**Please indicate below your size, favourite colour and number.**

<b><u>SIZE</u></b>	<b><u>CHECK 1 COLOUR ONLY</u></b>	<b><u>NUMBER</u></b>
Boys: XL	Green__ Gold__ Black__ White__	
Men's: S M L XL XXL	Red__ Orange__ Navy__ Royal__	#_____