

Paul Burgess Goalie Consulting

29 Alfred St.
Point Edward, On.
N7V 1S6

Registration Form

Date/Name of Camp: _____

Player Name: _____

Male: _____ Female: _____ Date of Birth: Month____ Day ____ Year____

Address: _____

Telephone: _____ Email: _____

Parent/Guardian: _____

Medical Condition: _____

Parent Consent and Waiver

As a Student of Paul Burgess Goalie Camp the applicant agrees that instructors, leaders or other employees will not be responsible for any accidents or loss of personal property however caused.

In signing this application, the parent or legal guardian certifies that the participant is in good health physically and mentally, also gives full authorization to administer medical treatments in case of emergency if parent cannot be contacted.

Signed:

_____ Date _____

Parent or Guardian

Please complete form and mail with your
cheque payable to:
Paul Burgess Goalie Consulting
29 Alfred St.
Point Edward, On.
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