



BRICK WALL GOALIE CAMP

SKATERS INFORMATION:				
NAME				
D.O.B. & AGE				
Home Address & Zip				
Phone #:				
Experience Level Played This Season:				
PARENT'S INFORMATION				
Mothers Name:				
Address (if different from above):				
Mother's Cell Phone:				
Mother's Email:				
Father's Name:				
Address (if different from above):				
Father's Cell Phone				
Father's email:				
PAYMENT	\$249	REGISTRATION DEADLINE	JUNE 25th	JERSEY SIZE (please circle one)
Visa/MC/Disc/Check (made payable to Lakeshore Hockey) # _____			Youth S/M L/XL	
Exp Date: _____ CVV#: _____			Adult S M L XL	

The Participant, in attending LSHA and participating in the 2018 Brick Wall Goalie Camp club does so at their own risk. LSHA shall not be liable for any damage arising from personal injuries sustained by the participant in or about the premises. The participant assumes full responsibility for all injuries and damages which may occur in or about the premises and they do hereby fully and forever release and discharge the instructors, owners, and any other employees from any and all claims, demands, damages, rights of action present or future, resulting from or arising out of the participants use of the ice and or its facilities. Participation is entirely their own choice and with the understanding of risk of accidental injury involved in any activity involving motion or height. I understand that Lakeshore Hockey & Sports Center may take pictures/videos of their students and use in advertising or social media.

Signature (if over 18): _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Mail to: Mike Cimino
Lakeshore Hockey & Sports Center, 123 Ling Road, Rochester, NY 14612
Email to: icegoalie14ihs@yahoo.com