

NEW CLIENT REGISTRATION FORM



RECOGNIZED IN NORTH AMERICA FOR DELIVERING PERSONAL MENTORSHIP
AND POSITIVELY IMPACTING THE NEXT GENERATION OF PUCK-STOPPERS



New Client registration forms must be completed and sent in prior to their first on-ice session. All payments must be made in full and no refunds will be given for cancellations without a 24-hour notice. Any photographs and or video are property of Ryan Munce Goaltending. As such Ryan Munce Goaltending reserves the right to use any images for brochures, flyers, webpages, or other promotion of their school. Please make cheques payable to: Ryan Munce

GOALIE'S NAME _____

DOB: D _____ M _____ Y _____ WEIGHT _____ HEIGHT _____

PARENTS NAME _____

CITY _____ PROV/STATE _____

COUNTRY _____ POSTAL CODE/ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMAIL _____ HEALTH CARD # _____

MEDICAL INFORMATION

CURRENT TEAM _____ AGE GROUP _____

LEVEL _____ GENDER _____

COACH _____ HOME PHONE _____

WORK PHONE _____ CELL PHONE _____

The participant and parents acknowledge and agree that Ryan Munce Goaltending, or any of the principals, officers, employees, agents, directors or instructors will not be held responsible for any accidents, damage, injury or loss, however caused, negligent or otherwise, at any time and expressly release any and all the aforementioned parties from all claims arising from any accident, damage, injury or as consequence thereof. In the event of an inability to be contacted, I hereby give Ryan Munce Goaltending, permission to seek any necessary medical attention required.

PARENT/GUARDIAN NAME *(please print)* _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____