GOALIE CLINIC

March 16th, 23rd, 30th & April 6th

6:00-7:00pm

Cost: 4 classes for $100

Participants name

_____

Address

_____

City State Zip

_____

Home phone Work phone

_____

Date of Birth Age M or F

_____ _____

Credit card # exp. Date

_____

Credit Card Name (Please Print)

Parental / Guardian Consent

In consideration of the participant being permitted to register and participate in programs at the Igloo at Mt. Laurel, we do hereby forever release and discharge the Igloo at Mt. Laurel Ice facility, it's directors, agents, employees and any person, corporation or partnership connected herewith from all manner of action, injury, costs, claims or demands which we will, shall or may hereafter have, suffer or receive by reason of such participation in this program. This release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that the Igloo at Mt. Laurel shall not be considered to guarantee or warrant such equipment as may be used in conducting of said program. **In the event of withdrawal by participant from the program, all monies are non-refundable, without exception.** The Igloo at Mt. Laurel reserves the right to photograph participants during the session for reason of advertisement for the program.

_____

Signature of Legal Guardian Date

I give permission for my child's name and photo to be used for promotional purposes. (Please initial if accepted) _____

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