



Please print clearly and provide all details below. Return form with payment to the address below or fax to 902.482.8387. If you wish to pay by credit card please visit [www.breakawaygoaltending.com/clinics.htm](http://www.breakawaygoaltending.com/clinics.htm).

**REGISTRATION**

Student: \_\_\_\_\_

New Student \_\_\_ Returning Student \_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Preferred Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Level of Play: \_\_\_\_\_ (Novice, Peewee A, Bantam AAA, Jr.A, College)

NOTE: Registration confirmation & updates will be confirmed via email please provide a VALID email address above.

Emergency Contact: \_\_\_\_\_

Contact #: (\_\_\_\_\_) \_\_\_\_\_

Jersey Size (circle one) **Youth** - Med, Lrg **Adult** - Sm, Med, Lrg, XL, XXL, **Goalie Cut**

**BREAKAWAY GOALTENDING 2012/13 CAMPS**

Please indicate the camp you will be attending.

**2012 Start Stopping Summer Camp & Skills Competition (\$360 + \$54 HST = \$414)**

John Brother MacDonald Stadium  
Sunday Aug 19 to Thursday Aug 23  
Time: 8am to 5pm

**WAIVER & CONSENT**

*The participant and parents acknowledge and agree that BREAKAWAY Goaltending 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. You agree to use of video to be studied by BG staff, in classroom and presentation environments, posted on websites for discussion and promotional materials.*

**CANCELLATION POLICY**

All camp payments will be refunded (less \$35 cancellation fee) when the cancellation is made 14 days prior to the first day of the camp. If cancellation is made after the allotted refund period you may be charged full amount for the camp. **All deposits for Elite Camps will be non-refundable.** I have read the above statement and, by signing this, I agree to the terms stated.

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**PAYMENT INFORMATION**

Method:  CASH  CHECK  CREDIT CARD  PAYPAL  
 MONEY ORDER  Email Transfer

Total amount: \$ \_\_\_\_\_  Full Amount  Deposit

Please make checks payable to: **Mike Lumsden**

Mail or FAX 902.482.8387 registration form and payment to:

**Mike Lumsden**  
**110-427 Pleasant St Truro NS B2N 3T5**

