



Summer 2015 Goalie Camp

Tri Valley Ice
6611 Preston Ave, Suite D,
Livermore, CA 94551

★ LIMITED SPACE AVAILABLE – SIGN UP NOW! ★

11.75 hours of ICE TIME

DATES & TIME:	<p align="center">Monday thru Friday, July 6th – 10th Times: Monday, Tuesday, Thursday and Friday-Two On Ice Sessions 11-12:15pm & 2:00-3:15pm, One Off Ice Workout and Video 12:30-1:30pm Wednesday On Ice Session ONLY 6:00-8:00pm</p>
COST:	<p align="center">\$480 Cash/Check (Received by June 15, 2015) \$540 Cash/Check (Received after June 15, 2015) * Per Day Rate Available, Please contact me.</p>

MAIL-IN REGISTRATION FORM — PLEASE PRINT

Name _____ Birth year: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

In consideration of being allowed to participate in any skating/sports program and related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in these programs is significant, including the potential for permanent paralysis and death. While particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases(as defined below) or others and assume full responsibility for my/ my Childs participation.
3. I willingly agree to comply with any rules and regulations of the facility. If, however I observe any unusual significant hazard in participation, I will bring such hazard to the attention of the nearest official immediately.
4. I, myself and on the behalf of my heirs, assigns, personal representatives and next-of-kin, hereby release and hold harmless all members of the hosting facility and anyone associated with **Mites 2 Midgets Goalie Coaching and Tri Valley Ice.**

I have read this release of liability and assumption of risk agreement, fully understand its terms and understand that I have given up substantial rights by signing it freely and voluntarily without any inducement.

Signature: _____ Date: _____

MAKE CHECKS PAYABLE TO: M2M

**Mail Registration Form/Payment to:
Chip Cormier**

5300 Iron Horse Parkway, Apt 552 • Dublin, CA • 94568