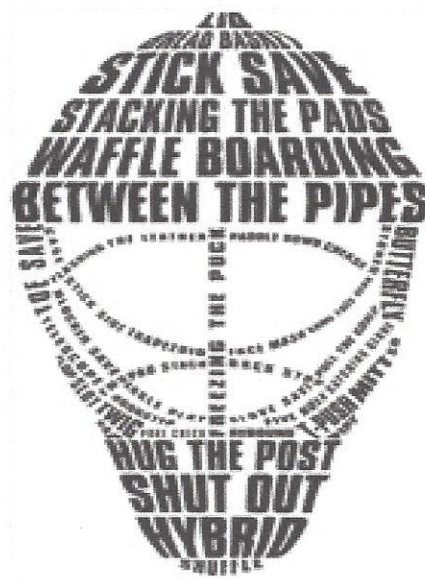


Summer Goalie School

Presented By Barnstable Youth Hockey Assoc.



SATURDAY JULY 7TH – SATURDAY AUGUST 18TH 6 SESSIONS

****No Session August 12th****

9:00 AM – 10:20 AM 80 MINS PER SESSION

8 hours of on ice instruction at HYCC rink

\$325

Limited Slots Available

Beginner to Advanced Techniques

Boy & Girls

All goalies must be a member of USA Hockey

Squirts, Pee wee, Bantam, Midget, High School

Questions: George Soares georgebyha@gmail.com 774-487-9352

Barnstable Youth Hockey Association

Summer Goalie School

Registration Form: Player contact

Last Name: _____ First Name: _____ Parent/Guardian _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Email: _____ Mobile Phone: _____ Emergency Phone: _____

Level: 2018-19 season Boys/Girls Squirts / U10 Peewee / U12 Bantam / U14 Midget / U19 HS Circle one

Last Team Played for: _____

Date of Birth: _____

All Non-BYHA players please Mail in a copy of your USA membership with this form.

Please make all checks payable to: BYHA Return all forms to: George Soares PO Box 551 Cotuit, MA 02635

Information: Waiver and Indemnity Agreement: In consideration of my child being allowed to participate in any way in the BYHA , related events and activities at the Hyannis Youth Community Center, I, the undersigned, acknowledge, appreciate, and agree that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist, and I knowingly and freely assume all such risks, both known and unknown of my child's participation in the BYHA Summer Skills even if arising from the negligence of the releasees or others, and I assume full responsibility for my child's participation. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the releasees (Hyannis Youth Community Center, HYCC employees, coaches, officials, and staff), and USA Hockey from any and all liabilities incident to my minor child's involvement or participation in the BYHA Summer Goalie School, as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law. I hereby give my consent for medical treatment deemed necessary by emergency room physicians and/or for the transportation to a hospital emergency room for treatment for any illness or injury resulting from his participation in this program. I attest that my child has had physical exam performed by a medical physician within the last three hundred and sixty days of my signature and has been cleared to participate in any physical activities and/or athletic games or activities. I confirm that I have health and dental insurance and will be responsible for all medical and dental costs covered or not covered by my policies. I understand that all fees are non-refundable and that I will not receive any portion of a refund should my son be expelled from the BYHA Summer Goalie School program for disciplinary reasons. BYHA Summer Golaie School, reserves the right to use any pictures and videos taken during the games for research, instruction, and/or advertising purposes. I agree not to leave my child and/or children, family, and travel party unsupervised before, during, and after any and all activities associated with the BYHA Summer Goalie School. I intend this instrument to take effect as a sealed instrument.

Parent / Guardian Signature & Date: _____ Date: _____