

2010 NORFOLK COUNTY REGISTRATION

Program Roloson/Mason Goalie School

Location: Simcoe Recreation Centre Arena, 182 South Drive, Simcoe, Ontario Canada

Ages 7 – 10 years ____ Fee: \$257.50/player Dates: July 19, 20, 21 , 2010 , 8 a.m. – 9:30 a.m.

Ages: 11- 18 years ____ Fee: \$515 plus gst if over 14 Dates: July 19, 20, 21, 22, 23 , 2010 , 10 a.m. – noon

Ages: 19 years– up ____ Fee: \$100 Date: July 22, 2010. 8:00 a.m. to 9:30 a.m.

An off-ice training program will be mailed out one month in advance of camp

PERSONAL INFORMATION

Participant's Name: _____ Birthdate: _____ Age: _____

Address: _____ Male ___ Female ___

Postal Code: _____ Home Phone _____ Cell: _____

Allergies/Medical concerns: _____ (Please write a note if severe)

Level / Team Played in 2009-2010 Hockey season: _____

Payment Method: _____ Cheque (Payable to Norfolk County) _____ Credit Card

Please Post Date all payments until July 2, 2010. No refunds after this date.

Credit Card Number _____ Expiry Date: _____

Cardholders Name _____ Card Holders Signature: _____

EMERGENCY CONTACTS

Emergency Contact: _____ Phone Number : _____

Relationship to the Participant: _____

CONDITIONS OF PARTICIPATION

The staffs of the Norfolk County Community Services Department, Programs Division reserves the right to dismiss any participant who is, in their opinion, a hazard to the safety and rights of others or who appears to have rejected the reasonable controls of the program.

RELEASE

I recognize that risk of injury or potential health risk may be involved by participating in the Roloson/ Mason Goalie School program and realize Norfolk County, Dwayne Roloson & Bob Mason cannot be held responsible for risk willingly assumed. Therefore, I hereby release and forever discharge Norfolk County and the Community Services Department for all actions, claim, damage, and demands arising by reason of participation in the program or any of its associated activities. Permission is granted to the Department and its representatives and/or Emergency Medical Services to transport me to a local doctor or hospital for medical treatment if necessary. I realize I will be held financially responsible for all transport and medical cost incurred.

Signature of Parent/Guardian _____ Date _____

Return Completed Applications to: **Heather King, Community Programs Supervisor**
Norfolk County Recreation Division 95 Culver St. Simcoe ON, Canada N3Y 2V5
Fax: 519-426-0300 Phone: 519-426-8866 ext 2233
email: heather.king@norfolkcounty.ca