2010 Enrollment Form

June 21 - June 25, 2010
Augsburg Ice Arena Minneapolis Mn
Simcoe Dates Coming Soon...

Student Name _____

Street _____

City _____ State ____ Zip _____

Day Phone _____ Evening _____

E-Mail _____ 09 / 10 Team _____

Birth Date _____ Height _____ Weight _____ Jersey Size (Check One)
Men's XL ☐ XXL ☐ Goalie Cut ☐

Check One Session

☐ Peewee/Bantam	10:00-12:00	$600.00
☐ High School/Juniors/College	12:30-2:30	$650.00

Emergency Contact Name _____

Relationship _____

Day Phone _____ Evening _____

Waiver

It is agreed that Roloson Mason Goalie Schools shall in no way be responsible or liable for any injury of any kind to parent's son/daughter or ward, arising out of, or in the course of any operation of the said hockey school. It is the intention of the parent to waive and release any and all claims, of any kind whatsoever, in law or in equity, of his or hers enrolled son or daughter or ward, a minor, on account of any injury of any kind arising out of or in the course of any operation of the said hockey school. In the event of injury I give permission for those in charge to seek medical attention.

Signature of parent or guardian _____ Date _____

Select Your Method Of Payment

☐ **Check** Amount Of Payment $ _____ Make check payable to Roloson Mason Goalie Schools

Credit Card Visa ☐ MasterCard ☐

Card Number | | | | | | | | | | | | | | | | |

Expiration Date _____ Name As It Appears On Card _____

Cardholder's Signature _____

Mail The Completed Form To: Roloson Mason Goalie Schools
PO Box 385842
Bloomington MN 55438

952 944-6014 info@rolosonmasongoalieschools.com