



www.puckstoppers.com

Or Mail to: **Puckstoppers Goaltending Services**
487 Alston Road
London, Ontario N6C 3B8

APPLICATION FORM

STUDENT INFO.

Email Address: _____ (Please PRINT CLEARLY)

ALL CONFIRMATIONS ARE SENT VIA EMAIL, IT IS IMPORTANT THAT YOU PROVIDE AN EMAIL ADDRESS

Name: _____ Phone# _____

Address: _____ Apt.: _____ City: _____

Province/State: _____ Postal/Zip Code: _____

Date of Birth (DAY/MO/YR) : _____ Age (AS OF PROGRAM) : _____ Weight: _____ Height: _____

Health Card #: _____

In Case of Emergency Phone Number (OTHER THAN HOME) : _____

Position Signed up for (Check ✓) : GOALTENDER COACH ADULT Gender: MALE FEMALE

Years playing at this position: _____ Highest level played/coached: _____

How did you hear of our school: _____

PROGRAM CHOICE

Enter Program Choice	Cost	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Cost: _____



SIGN UP ONLINE FOR A FASTER RESPONSE

METHOD OF PAYMENT

Total cost of program (\$) \$ _____

Discount: Family Cash - Less _____ % \$ _____
 (Check ✓ and complete based on eligibility)

Deposit Less \$ _____
 (min 30% must accompany application)

Balance Due = \$ _____
 (include Post Dated Cheques)

Visa, M/C _____

Expiration Date: _____ Security Number: _____

Card Owner (PRINT): _____

Signature: _____

WAIVER: By signing this form or clicking "I Agree" online, I am agreeing with all terms and conditions listed on the Puckstoppers website. I also hereby grant permission for myself or my child/charge to take part in any Puckstoppers or other Level Playing Field Sports Concepts Inc. program. I hereby release its employees, servants, representatives, instructors and its respective agents, from and against any or all claims or actions resulting in injury, loss, damage or death to myself or my child/charge, however caused, arising out of mine or my child/charge's participation in the aforementioned programs, regardless of negligence or breach of contract by Level Playing Field Sports Concepts Inc., Puckstoppers and its servants, representatives, instructors and its respective agents. I also hereby grant permission for myself or my child/charges photo or likeness to be used in any promotional, media publication, Internet or advertising, related to Puckstoppers, Level Playing Field Sports Concepts or the marketing of its divisions.

Students Name: _____

Students Signature: _____

Parents Signature: _____

(if student is under 18)

Make all cheques payable to: **"Chris Dyson (Puckstoppers)"**
 APPLICATIONS WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY A DEPOSIT
 AND THIS FORM COMPLETED IN FULL AND SIGNED

Our GOAL is NO GOAL!