

Joseph Raaymakers Goalie School

Camp 2024 - Registration Form

*Denotes required

Applicant Information

*First Name: _____ *Last Name: _____

*Age: _____

*Previous team and level of play (2023-2024 season): _____

*Goalie Jersey Size: _____

*Please list any allergies/medical concerns below:

Parent/guardian information

*First Name: _____ *Last Name: _____

*Phone #: _____ *Email Address: _____

First Name: _____ Last Name: _____

Phone # _____ Email Address: _____

Emergency Contact

*Name: _____ *Relationship to the child: _____

*Phone # (1) _____ Phone # (2) _____

*Signature of Parent or Guardian: _____ *Date of Signature: _____

Liability Agreement

In consideration of the participant and parent/guardian being permitted to register the participant to participate in Joseph Raaymakers Goalie School (JRGS), I, parent/guardian, hereby release and discharge JRGS from any and all claims, demands, actions, and causes of action for which I may have for any damages, loss, or injury suffered by my child or incurred by me and resulting directly or indirectly from the participation of such child in such program. I hereby undertake to indemnify JRGS and its agents, servants, and employees and hold them harmless in respect of any claims, demands, actions, and proceedings which may be brought by or on behalf of my said child against JRGS arising out of my child's participation in the aforesaid program and in respect of any damages, loss, or injury incurred by them during or as a result of such participation including all costs and expenses incurred in defending any and all claims, demands, actions, and proceedings.

By registering and participating in any program administered by JRGS, I hereby agree to and acknowledge this release of liability agreement.

*Parent or Guardian Signature: _____ *Date of Signature: _____

Consent to Photography

I HEREBY GRANT and give Joseph Raaymakers Goalie School permission to take photos or videos (digital or otherwise) of my child and to reproduce the likeness of my child for promotional materials, camp website, and other consistent purposes. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of Joseph Raaymakers Goalie School, worldwide, in perpetuity or you withdraw your consent.

*Parent or Guardian Signature: _____ *Date of Signature: _____

Registration Fees

Registration cost: \$575.

Payment:

- **Deposit:** a minimum of **\$75 deposit is required** to secure a spot in the camp. Please submit a deposit at your earliest convenience. Spots in the camp will not be held without the deposit.
 - **Note:** if required please contact email (joseph.raaymakers@gmail.com) or phone (519-437-8902) to create an alternative payment plan.
- **Method (see payment options below):**
 - **1. E-transfer:** please send to joseph.raaymakers@gmail.com.
 - **2. Cheque:** make cheque payable to “Joseph Raaymakers”, 540 Indian Creek Road West, Chatham, ON N7M0P4.
 - **Please note an administration fee of \$50 will be charged for all NSF cheques.**
 - **3. Cash**

Note: all fees are non-refundable unless another registrant can be admitted to the camp within a sufficient amount of time. **There will be a charge of a \$100 cancellation fee to a maximum of \$575 (full amount) should the spot not be replaced in the camp.**

Confirmation of a spot requires both payment and a filled registration form.

*Please select the method of payment:

- E-transfer
- Cash
- Cheque