

# JG GOALIE CLINICS

**Instructor:** John Grayson, N.S.C.A.A. National Goalkeeping Diploma

**Ages:** Boys and Girls Ages 10 – 16

**Times:** Sundays, 5:30 – 7:00P

**Where:** Tyngsboro Sports Center, 18 Progress Avenue

**Price:** \$ 120

**Dates:** October 05 – November 02

Child's Name \_\_\_\_\_ Age/DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider & Policy # \_\_\_\_\_

## Hold Harmless Release Form

I, the parent of the above applicant, hereby assume all risk and hazards incidental to participation in any and all clinic activities during the current session. I hereby waive, release, absolve, indemnify, and agree to hold harmless, the organizers, sponsors, supervisors, participants, and Corporation owners of the premises for any claim arising out of injury to my child.

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_

Full payment required for registration. Please make checks payable to Tyngsboro Sports Center, 18 Progress Avenue, Tyngsboro MA 01879