

September 2017

ARHA GOALIE SKILLS PROGRAM

TYKE, MINOR NOVICE, NOVICE & ATOM PLAYERS

This program is designed to give interested players the opportunity to develop their goalie skills in a structured and fun atmosphere.

The program will be operated by Bruce Tennant. The drills and practices will vary throughout the session as the goalies progress in their skills and abilities. All participants **MUST** wear **full goalie equipment**. ARHA will provide full equipment for this program. Parents will be asked to provide a waiver to Bruce Tennant and ARHA providing releases related to the program.

The Goalie Skills Fall Session will be 10 weeks and run at Baycrest Arena every Sunday from October 15th – December 17th, 2017. The cost for the Goalie Skills program is \$100. These fees are NOT covered by your registration fees to the League.

The Goalie Skills will run simultaneously with the Hockey Skills:

Tyke & Minor Novice 9:00 – 10:05 a.m.

Novice & Atom 10:05 – 11:15 a.m.

Enrollment is on a first come, first serve basis. To register your child for Goalie Skills, you must already be enrolled for League play in the Avenue Road Hockey Association.

NOTE: SELECT GOALIES ARE NOT ELIGIBLE FOR THIS PROGRAM.

PLEASE REMEMBER – THIS PROGRAM IS FOR 2011, 2010, 2009, 2008, 2007 & 2006 HOUSE LEAGUE PLAYERS ONLY!

A minimum number of players is required for this program to run.

QUESTIONS; registrar@avenueroadhockey.com

PLEASE MAIL CHEQUE ALONG WITH THE SIGNED ACKNOWLEDGMENT TO:

AVENUE ROAD HOCKEY ASSOCIATION

P.O. BOX 40055

373 MARLEE AVENUE

TORONTO, ONTARIO

M6B 4K4

GOALIE SKILLS PROGRAM APPLICATION & RELEASE FORM

Name of Applicant: _____

Date of Birth: -----

Division: -----

Telephone #: (home) -----

(cell) -----

Email: -----

Needs Equipment _____ yes _____ no

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

I consent to my child participating in the Goalie Skills Program, and assume all risks that are incidental to such participation. I therefore agree to waive, indemnify and hold harmless Bruce Tennant and ARHA, instructors and staff and their employees, agents, servants and assigns. I certify that my child is in good physical and mental health and any exceptions have been noted by me with this Application.

In case of surgical emergency and I cannot be reached, I hereby give my permission to the physician selected by ARHA to hospitalize, secure proper treatment for, and to order injections, transfusions, anesthesia, or surgery for my child, as named on the Application.

The Applicant acknowledges and agrees that Bruce Tennant and ARHA, instructors and staff reserve the sole and exclusive right to use any photographs or videos taken during the program for advertising and/or instructional purposes, without cost or charge to the foregoing and the Applicant consents to photographs or videos being taken for the purposes contained herein.

I acknowledge reading this Application and Declaration and understand the conditions contained herein and agree on behalf of the participant and for myself to abide by all the terms.

DATE _____

PARENT/GUARDIAN SIGNATURE _____