



FALMOUTH 2020 SPRING GOALIE CLINIC

**Falmouth Ice Arena – Mini Rink
9 Technology Park Drive, East Falmouth**

ON-ICE GOALTENDING DEVELOPMENT TRAINING with JIM McNIFF,

**Current Goalie Instructor at Rhode Island Hockey
Academy and Current Goaltending Coach for
Merrimack College**

Wednesday's: 5:00pm – 6:00pm

May 6th – June 10th, 2020

***\$300 Registration Fee
Space is limited***

**Complete and return the Registration Form and drop it off at the
Falmouth Ice Arena's Business Office or Register On-line @**

<http://www.falmouthicearena.com/>

**QUESTIONS?
Peter LaMontagne,
Goalie Development Coordinator
Phone: 508-341-7854**



Email: petelamo@gmail.com

FALMOUTH 2020 SPRING GOALIE CLINIC REGISTRATION FORM

PLAYER LAST NAME: _____ FIRST NAME: _____

PARENT/GUARDIAN: _____

HOME ADDRESS: _____

EMAIL: _____ PHONE #: _____ EMERGENCY #: _____

2019/2020 TEAM: _____

LAST TEAM PLAYED FOR: _____

DATE OF BIRTH: _____

MAKE CHECKS PAYABLE TO "FALMOUTH ICE ARENA"

Return Completed Registration Form To:

Falmouth Ice Arena,

Attn: Business Office,

9 Technology Park, East Falmouth, MA 02536

INFORMATION: Waiver and Indemnity Agreement: In Consideration of my child being allowed to participate in any way in the Falmouth 2020 Spring Goalie Clinic and related events at Falmouth Ice Arena and Athletic Performance Training, I, the undersigned, acknowledge, appreciate, and agree that the risk of injury from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist and I knowingly and freely assume all such risks, both known and unknown of my child's participation in the Falmouth 2020 Spring Goalie Clinic even if the arising from the negligence of the releases of others and I assume full responsibility for my child's participation. This is to certify I, as Parent/Guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above of all the releases, and, for myself, my heirs, assigns and next of kin. I release and agree to indemnify and hold harmless the releases (Falmouth Ice Arena, Rhode Island Hockey Academy, Coaches, Staff and USA Hockey) from any and all liabilities incident to my minor child's involvement or participation in the Falmouth 2020 Spring Goalie Clinic, as provided above, even if arising from the negligence of the releases, to the fullest extent permitted by law. I hereby give my consent for medical treatment deemed necessary by emergency room physicians and/or for the transportation to a hospital emergency room for treatment for any illness or injury resulting from his participation in the program. I attest that my child has had a physical exam performed by a medical physician within the last twelve months from the date of my signature and has been cleared to participate in any physical activities and/or athletic activities. I confirm that I have health and dental insurance and will be responsible for all medical and dental costs covered or not covered by my policies. I understand that all fees are non-refundable and that I will not receive any portion of a refund should my son/daughter be expelled or dismissed from the Falmouth 2020 Spring Goalie Clinic program for disciplinary reasons. Falmouth Ice Arena reserves the right to use any pictures and videos taken during the Falmouth 2020 Spring Clinic for research, instruction, and/or advertising purposes. I agree not to leave my child and/or children, family and travel party unsupervised before, during, and after any and all activities associated with the Falmouth 2020 Spring Goalie Clinic. I intend this instrument to take effect as a sealed instrument.

PARENT/GUARDIAN SIGNATURE _____ DATE _____