

Janosz School of Goaltending
JSG Sunday Review Clinic Individual Dates Mail-in Registration

Fields With () Must Be Filled In*

PLEASE PLACE CHECK MARK NEXT TO INDIVIDUAL CLINIC DATE SELECTIONS

Buffalo, NY – JSG Sunday Review Clinic

Goalie Specific Footwork Skating Clinic Individual Date Prices - \$45.00

Game Situation Clinic Individual Date Prices - \$55.00

Game Situation & Footwork Skating Clinic Combo (same date for both clinics) - \$90.00

Goalie Specific Footwork Skating Clinic Dates — 07.12.09 07.19.09 07.26.09 08.02.09
08.09.09 08.16.09 08.23.09

Game Situation Clinic — 07.12.09 07.19.09 07.26.09 08.02.09
08.09.09 08.16.09 08.23.09

Game Situation & Footwork Skating Combo — 07.12.09 07.19.09 07.26.09 08.02.09
08.09.09 08.16.09 08.23.09

*Students First Name _____

*Students Last Name _____

*Students Birthday _____

*Students Gender Male _____ Female _____

*Parent/Guardian First Name _____

*Parent/Guardian Last Name _____

*Home Phone Number () _____

*Cell Phone Number () _____

*Email _____

*Address _____

*City _____

*Province / State _____

*ZIP / Postal Code _____

*Country _____

****Make Check or Money Order To:**

**** (Please Do Not Send Cash) ****

Bob Janosz School of Goaltending
16 Foxe Commons, Rochester, NY 14624

JANOSZ SCHOOL of GOALTENDING MEDICAL FORM PERSONAL INFORMATION

****ALL FIELDS MUST BE COMPLETED TO ENSURE ENROLLMENT****

Student Name: _____ Sex: Male ___ Female ___
Last First Middle

Home Address: _____
No. Street City State Zip

Home Phone:(____)_____ Parent / Guardian Cell Phone:(____)_____

Student Date of Birth ___/___/___ Student Age: _____

In case of emergency contact: _____

Address: _____ Cell Phone/:Home Phone _____

Family Physician: _____ Phone: _____

INSURANCE INFORMATION

Primary Insurance

Company Name: _____

Company Address: _____

Ins. Company phone: _____

Med. Ins. Policy Number: _____

Med. Ins. Group #: _____

Name of person insured: _____

SS# of insured: _____

Employer of insured: _____ 14624 _____

MEDICAL INSURANCE AUTHORIZATION AND LIABILITY RELEASE

I, the undersigned acknowledge that I am the parent or guardian of _____, and grant permission for my child to attend the Janosz School of Goaltending and to actively participate in all activities. In the event of an injury or illness I grant permission to agree to allow medical treatment if I cannot be contacted. I understand that all medical bills will be my responsibility and not any of the staff affiliated with the Janosz School of Goaltending. I also release Bob Janosz, the school staff, the host rink's staff, and anybody affiliated with the Janosz School of Goaltending from all liability, claims, obligations, or responsibility for any losses, accidents, or injuries of any kind. I also understand that full legal equipment must be worn properly at all times.

parent/ guardian signature date