



REGISTRATION / MEDICAL FORM

PADS PREP Camp 2020
Rec Plex, Pleasant Prairie, WI
(Aug 14, 15, 16th)
2020-21 TRAVEL GOALIES (A, AA, AAA), H/S, Juniors, College

3 Day Camp Cost (\$375) (\$100 deposit required when registering)
 Walk up (\$130/day) - Please specify the days you will attend _____

Please fill this form out completely.

GOALIE

NAME: _____
Last _____ First _____ Middle _____

Home Address: _____
No. _____ Street _____ City _____ State _____ Zip _____

Main Contact Phone Number: _____

Parent's Contact Number: _____ Email: _____

Date of Birth: _____ / _____ / _____ Sex: M F Goalie T-Shirt size: _____

2019-20 Level of Play: _____ 2020-21 Expecting to Play: _____

In case of emergency notify: _____ Phone: _____

Emergency contact #2 _____ Phone: _____

Family Physician: _____ Phone: _____

Health Background:

Please provide any important information regarding you or your child's health, and past medical information or history and medications being taken. This will help us to be better informed in case of an emergency. (E.g. *allergies, asthma, concussions, surgery, etc...*)

Goalie Camp Food Allergy Information:

Bottled water and Gatorade will be provided by PADS after the ice session is completed.

Medical Insurance Information:

Company Name: _____
Company Address: _____
Insurance Co. Phone: _____
Policy Number: _____
Group Number: _____
Name of Policy Holder: _____
DOB# of Insured: _____
Employer of Insured: _____

Medical Treatment Authorization and Liability Release

I, the undersigned acknowledge that I am the parent or guardian of _____, and do hereby grant my permission for my hockey player to attend P.A.D.S. School of Goaltending, LLC. PREP Camp 2020 and to actively and fully participate in all activities thereof. In the event of an injury or illness during these activities, my signature indicates that I agree to allow medical treatment even if I cannot be contacted, and authorize P.A.D.S. School of Goaltending, LLC and /or the local hospital to provide the needed medical treatment they deem necessary.

I hereby release Roy J. Perfetti, and all members of the program's staff, the host ice facility and its staff, the local hospital and their doctors, agents, employees, and representative and all offices of P.A.D.S. School of Goaltending, LLC. from any and all claims and liabilities arising in any way out of its exercise of this authority. I understand and agree that all bills for any medical/dental care and treatment will be forwarded to me, or my insurance company, and that it will be my responsibility to see that such bill are paid in full.

I further acknowledge, understand, and agree that in participating in this activity there is a possibility of physical illness or injury and that I, as a parent or guardian of my hockey player am assuming the risk of such injury by his/her participation and release the staff, the host rink, its staff and all affiliated with or participating in the P.A.D.S. School of Goaltending, LLC. Program from all liability, claims, obligations or responsibility for personal property losses, accidents or injuries of any kind.

I have received a copy of the schedule and understand the activities. I understand that full, legal equipment is to be worn properly at all times on the ice or bench.

Parent-guardian's signature and relationship with participant (under 18) _____ Date _____

Hockey player's signature (if over 18) _____ Date _____

**Please fill out this form, save to your desktop and email back to us to secure your spot first. A \$100 deposit is required, via check or phone in Credit Card.
Email registration form: roy@padsgoaltending.com or mail:**

P.A.D.S. School of Goaltending, LLC.

PO Box 705

Lake Zurich, IL 60047

We accept cash, checks and all major credit cards. Payment can be mailed to us or the balance of the payment will be accepted at the rink.