Player Information:         Age:		Goalkeeper Sty Registratio Cam	on Form		
Street Address:	Player Information:				陆:
Parent/Guardian Information:         First Name:	Age:	First Name:	Last	Name:	
First Name:       Last Name:         Phone:	Street Address:	City	:	State:	Zip:
Phone:	Parent/Guardian Inform	ation:			
Email:Camp # 1 2 3 4 Payment Enclosed: \$ (\$50/week deposit required) Parent or Legal Guardian Must Sign the Following: I hereby certify that the above player is in good health and fully able to participate in all the activities associated with Goalkeeper Style Academy. I agree that Goalkeeper Style Academy and its directors will not be held responsible for any accident or loss to the participant however caused and I hereby release Goalkeeper Style Academy from all claims or damages which may arise from any accident or loss.	First Name:	Last Name:			
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	Signature of Parent or Legal G	uardian	Date		

\*Please submit your registration, medical release form & payment to:

Goalkeeper Style Academy 5 Margerie Street Newburyport, MA 01950