



Registration Form

Please mail or fax your completed form to GDI:
860 Hebron Parkway, Unit 201 Lewisville, TX 75057
Fax: (972) 315-6110

support@gdihockey.com • 800.667.9044

For Office Use Only: Location: _____

Program #: _____ Player ID#: _____

Dep: _____ Bal: _____

Personal Profile:

Name: _____

Address: _____

City: _____

Prov/State: _____

Postal/Zip Code: _____ Country: _____

Home Tel: (____) _____ Bus Tel: (____) _____

E-mail: _____

History of illness, injury, allergies, etc.: _____

Date of Birth: _____

Height: _____ Weight: _____

Jersey Size (please check one): L XL XXL

I would like to receive confirmation and future correspondence

by (please check all that apply): Mail E-mail

Level of Play & Team Profile:

Your Hockey Association or League: _____

Current or Last Team Played For: _____

Team Classification (AAA, House, Prep School, etc.): _____

Expected Level of Play Next Season: _____

Protected By: _____

Agent: _____

Program Selection:

Program Chosen (please check all that apply):

Summer Camp Winter Curriculum Midseason Tune-up

Private Lessons Specialty Clinics

Location Desired: _____

Camp/Program (1st selection): _____

Camp/Program (2nd selection): _____

Camp/Program (Alternate selection): _____

Payment:

Please indicate method with this application (please check one):

Check Money Order Credit Card

Amount Enclosed: _____ Canadian US

Credit Card Users (please check one): Visa MC Amex

Credit Card Number: _____

Expiration Date: _____

PLEASE PRINT

PLEASE SIGN

Card Holder name as it appears on card

Card Holder signature

General Survey:

Where did you hear about GDI? (please check all that apply):

Past Student Word of Mouth Advertising

Online Brochure Clinic Other: _____

Release & Indemnification:

PLEASE READ THIS CAREFULLY BEFORE SIGNING

In consideration of your child (you) as a student in GDI, The Goaltender Development Institute Inc. (GDI), we, the undersigned parents, jointly and severally, (I) agree that GDI, its Directors, Agents, Employees and any person or corporation connected herewith shall be hereby forever released and discharged from all claims, actions, damages and demands, which you shall or may hereafter have, suffer or receive resulting directly or indirectly from the participation of our child (me) in this program.

The undersigned parents/guardians, jointly and severally, covenant and agree to indemnify and save harmless GDI from all claims, actions, damages and demands, which may be brought by or on behalf of our child against GDI arising out of his/her participation in the program, including all costs, damages and expenses in defending any such claims or actions against any loss arising therefrom.

By signing below you agree to the terms and conditions set out in the GDI brochure including the refund and cancellation policy. If you are unsure of these conditions, please review the complete GDI brochure, visit our website at gdihockey.com or call our office.

PLEASE PRINT

PLEASE SIGN

Full Name of Parent or Guardian

Signature of Parent or Guardian