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Spring Break Hockey Camp

22 MARCH 23

9:30a-12p (\$50)

Child's Name _____ Age _____

Address _____

City _____ Zip _____

Home Phone _____

Email _____

Parent's Name _____

Cell Phone _____

Emergency Phone contact _____

Credit Card # _____

or make checks out to Indoor Goals

Signature _____

DISCLAIMER: I realize no amount of reasonable supervision or training can eliminate all of the dangers of athletic participation and that my child may suffer serious injury as a result of participation in athletic events. Notwithstanding this possibility, and with full knowledge and understanding of the risk of serious injury to my son/daughter as a result of athletic participation, I give my permission to my son/daughter to participate in all sports and activities at Indoor Goals. In the event that my child is injured during the absence of parent or legal guardian, give my permission to the person in charge to seek medical care.

Signature _____ Date _____

Indoor Goals - 16430 NW Bethany Court Beaverton, OR - T: 503.629.9500