



## 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...)

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### **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.

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Parent-guardian’s signature and relationship with participant (under 18) \_\_\_\_\_ Date \_\_\_\_\_

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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](mailto: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.**