



MPLS Storm Subsidized Goalie Training Registration Form

2025-2026 Season



Squirt/10, Pee-Wee/12U, and Bantam/15U Only

Goalies must be registered with Storm for current season to be eligible. Registration closes on Feb 1, 2026.

Five (5) 1-on-1 Goalcrease Sessions*

55% OFF**

\$365 paid to Goalcrease

**Limit 1 Package per goalie*

***Regular price for non MPLS goalies is \$175 each session or \$800 for a 5 pack.*

MHA is subsidizing the cost to offer their goalies this discounted training option.

You may call Goalcrease to register over the phone at 952-942-7001, or submit this form to jhall@goalcrease.com. All sessions will be scheduled at www.goalcrease.com. Contact Goalcrease with any scheduling questions.

Goaltender's Name	
	Returning clients may stop here
Age Level for hockey	
Date of Birth	
Address	
City, State, ZIP	
Parent 1, Name/Cell Phone	
Parent 1, email address	
Optional. Parent 2 name/cell	
Optional. Parent 2 Email	

I agree that Stauber's Goalcrease, Inc., and/or its proprietors will not be held responsible for any accidents or loss however caused, and agree to release the proprietors from all claims or damages which may arise as a result of/or by reason of such accidents or loss.

The undersigned student, parent, or legal guardian acting on behalf of the student, grants Stauber's Goalcrease, Inc. and parties designed by Stauber's Goalcrease, Inc., the irrevocable right to use my name and photograph in any medium including but not limited to print and electronic for purposes of advertising, trade, display, exhibition or editorial use. I hereby waive any and all rights I may have to inspect or approve any of the finished or unfinished photographs, video tapes or other means of reproduction referred to herein, so long as the use is of a lawful purpose.

I am at least 18 years of age and otherwise meet the age of majority requirements in my state or have permission from my parent/legal guardian as indicated by their signature below. I have read the above and thoroughly understand its terms and meaning, and I know no reason why I am not free and competent to grant this release.

Signature _____ **Date** _____

Internal Use Only:

Payment Method: _____

Sessions Entered in Account: _____

Employee Initials: _____

Stauber's Goalcrease

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