Wayzata Goalcrease Training Registration Form

Sessions must be used before April 30, 2027

Important Note from WYHA: This offer is for all boys and girls travel goalies - Squirt/U10 through Jr Gold.
Those who do not qualify include Mites, High School goalies and those who do not join a WYHA travel team after tryouts.

			Your Price	Total
❑	**Five (5) 1-on-1 Goalcrease Sessions –In Season training**		**$265***	**$265 paid to Goalcrease**
	Additional "out of pocket sessions –For year round use		**$140 each****	_____x $140=_____

***Reg Price for a Goalcrease 5 pack is $825. Because of WYHA's contribution, you save $560!**

******Regular price for non WYHA goalies starts at $185 each. This offer is valid only once per hockey season, per goalie.

To register, call 952-942-7001 or email completed form to jhall@goalcrease.com. All sessions will be scheduled online at www.goalcrease.com. Problems/questions can also be addressed by Jeff Hall at Goalcrease.

Goalie's Name **returning clients may stop here**
New clients, please fill out all lines **Date of Birth**
Gender (optional)
Address
City, State, ZIP
Parent's/Guardian's Names
Phone Number 1
Phone Number 2(optional)
Email Address(es)

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** _____

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