



Edina Goalcrease 1-on-1 Training Registration 2026-2027

EHA Contributes to your 1st Five sessions plus the option to buy more at the association rate (lower price than other packages).

- Choose from the following options. This is a one-time per hockey season offer.
- Schedule at www.goalcrease.com after payment and registration is received by Goalcrease.

	1-on-1 sessions (45 min) at Goalcrease	EHA goalie price	Regular Goalcrease Price
☐	5 pack	\$350	\$825
☐	(add 2) 7 pack	\$630	\$1155
☐	(add 5) 10 pack	\$1050	\$1600
☐	(add 10) 15 pack	\$1750	\$2325

*Because of EPHA's contribution, at least 3 of your sessions must be used before March 20, 2027 or they will be forfeited.

Register online at
[**www.goalcrease.com/associations**](http://www.goalcrease.com/associations)
or submit this form to jhall@goalcrease.com

Goaltender's Name	(returning clients may stop here)
Age level for 26-27 season	
Date of Birth	
Parent's/Guardian's #1 Name/cell phone	
Parent/guardian #2 name/cell phone (optional)	
Parent #1 email	
Parent #2 email (optional)	

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** _____

Stauber's Goalcrease
 7401 Washington Avenue South □ Edina, MN □ 55439
 Phone: 952.942.7001 □ jhall@goalcrease.com □ www.goalcrease.com