



# PERFORMANCE GOALKEEPING



## APPLICATION

### PLAYER INFORMATION (one Application per student)

NAME \_\_\_\_\_ PARENTS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### SELECT/CIRCLE AN ACADEMY and/or CLINIC.

- PGK Clinic 1       PGK Coaches Seminar

### SELECT/CIRCLE T-Shirt Size.

- Small       Medium       Large       XLarge       XXLarge

### PARENT INFORMATION

I recognize that there are risks involved to members of my family participating in recreational activities. Therefore, in consideration of Performance Goalkeeping conducting recreational activities and enrolling members of my family in such activities or permitting members of my family to participate in such activities, I do hereby, on behalf of myself and all members of my immediate family, release Performance Goalkeeping it's employees and agents from any liability with respect to an injury received by me or any member of my family arising from such activities.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
PRINT NAME

### PAYMENT INFORMATION

Make checks payable to Performance Goalkeeping and send to:

#### PERFORMANCE GOALKEEPING

237 East Fifth Street

Suite 200

Eureka, MO 63025

Or apply online at [www.PerformanceGoalkeeping.com](http://www.PerformanceGoalkeeping.com)