



PERFORMANCE GOALKEEPING

GOALKEEPING SIMPLIFIED

GK NAME _____

AGE _____ DATE OF BIRTH _____ GENDER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE _____ CELL PHONE _____

PARENT _____

COURSE (circle the course and sessions you want to attend)

To attend individual sessions at a course they are \$60 per session; please indicate the sessions you wish to attend

Course	PGK 1	PGK 2	PGK 3	PGK 4	PGK 5	PGK 6	PGK 7	PGK 8
Sessions	1-2-3-4	1-2-3-4	1-2-3-4	1-2-3-4	1-2-3-4	1-2-3-4	1-2-3-4	1-2-3-4

NIKE T-SHIRT SIZE (adult sizes, circle one)

YLARGE SMALL MEDIUM LARGE X-LARGE XX-LARGE

PAYMENT \$199 per GK

CHECK NUMBER _____

If you wish to pay by check please send it with this application, or you can go to www.performancegoalkeeping.com to sign up and pay online. A place will be held in camp when your payment is received, and a confirmation email will be sent to you.

Please send this application to Performance Goalkeeping: 9462 Brownsboro Road, Suite 197, Louisville KY 40241.

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 _____

PERFORMANCE GOALKEEPING SPONSORED BY

