



Keeper Training with Gary

www.keepertraining.net

Waiver & Parental Release

To be signed by parent or guardian: On behalf of the applicant, I release Keeper Training with Gary and its sponsors from all applicant claims arising from participation in the keeper sessions.

Name of Participating Minor:

Name of Parent or Guardian: *(Please Print)*

Signature of Parent or Guardian:

Contact numbers for Parent or Guardian (home/cell):

NS Health Card Number:

Medical Release

I give permission to Keeper Training with Gary to make a formal decision to seek medical assistance for

(Name of Child)

in absence of the parent/guardian mentioned above during any Keeper Training with Gary goalkeeper training sessions and/or related training.

Dated: _____

Please be sure that this form is filled out completely and brought with the keeper to the first training session.