

Waiver Form

- Please indicate any medical or physical problems that we should be aware of in order to provide appropriate instruction to your skater(s)

- It is understood that to fully participate in any program, a minimum standard of behavior and self-discipline must be maintained. Any display of inappropriate behavior will be dealt with accordingly. Repeated disregard of rules and expectations may result in expulsion from the program.

- I give approval for my skater(s) participation in all activities of the Gallardi & Gruhl 3 in One School and assume all risks and hazards incidental to such participation, including medical and dental expenses; and do waive, release, absolve, indemnify and agree to hold harmless, the GALLARDI & GRUHL 3 in One INSTRUCTOR(S) and /or its PROPRIETOR.

- I Certify that the applicant is in good physical and mental health and is able to participate in the physical activity of a vigorous program.

Signature of Parent/Guardian

Date: _____

Coaching Experience

DAWN GALLARDI

28 Years Coaching Experience

Personal Power Skating Schools

1996 - 2006 Power Hour Hockey School

Power Skating with Other Organizations

1995 - 2010 Canpowerskate Coach, Stamford Skating Club

2010 - 2012 Canpowerskate Coach, NFSA

2010 - 2012 Golden Horseshoe Hockey School, St. Catharines

NANCY GRUHL

30+ Years Coaching Experience

Personal Power Skating Schools

1997 - 2012 Professional Power Skating School, Fort Erie Leisureplex.

2002 - 2011 Professional Power Skating School, Niagara Falls

2003 - 2010 Professional Stickhandling School, Fort Erie

Power Skating with Other Organizations

1986 - 2012 National Canpowerskate Course Conductor, Skate Canada

1986 - 2012 Canpowerskate Coach, Welland Skating Club

2010 - 2012 Canpowerskate Coach, NFSA

2002 - 2012 Golden Horseshoe Hockey School, St. Catharines

2004 - 2012 North Buffalo Bison Hockey Association, Buffalo New York

GALLARDI & GRUHL

3 in One

Skating

Stickhandling

&

Shinny

Gale Centre

Niagara Falls, Ontario

Junior 5 - 8 yrs.

Dates: August 18, 19, 20, 21, 22, 2012

Time: 6:15 - 7:30 p.m.

1 Skater - \$175.00 or

2 Siblings - \$340.00

Canadian or American

SESSION SCHEDULE

3 in One

Skating

Stickhandling

&

Shinny

Skaters 5 - 8 yrs.

August 18, 19, 20, 21, & 22, 2012

6:15 - 7:30 p.m.

1 Skater - \$175.00 or

2 Siblings - \$340.00

Canadian or American

**APPLICATIONS - Are accepted on a first
come first serve basis.**

*FOR FURTHER INFORMATION PLEASE
CALL Dawn Gallardi*

289.228.4711 or gallards5@cogeco.ca

Nancy Gruhl

905.834.5383 or ngruhl@cogeco.ca

CONDITIONS of REGISTRATION

The Gallardi & Gruhl 3 in One School and/or the instructors, or the City of Niagara Falls will not be held responsible for any accidents or injury to participants, damage or loss of personal property however caused, whether on or off the premises and shall be released from any and all claims.

FULL HOCKEY EQUIPMENT, including mouth & neck guards, must be worn at all times in order to participate in the Gallardi & Gruhl 3 in One School.

Registration is limited. Please send cheque as soon as possible with FULL PAYMENT. Cheques may be post-dated 2 weeks before the schools starts.

“Your cancelled cheque is confirmation of your child’s acceptance into the Gallardi & Gruhl 3 in One School” Please make note of the date and times as this will be your reminder.

Refund Policy - There will be no refund for cancellations unless a Medical Certificate is provided. In the event of a refund a \$25.00 administration fee will be applied.

There will be a \$30.00 charge for an NSF cheque.

There will be no substitution of skaters for missed classes: any changes of classes must be approved in advance by Dawn Gallardi or Nancy Gruhl.

The Gallardi & Gruhl 3 in One School reserves the right to change the dates and times due to unforeseen circumstances.

Any Skater being removed from the program due to disruption of the class, misbehavior or improper use of language either on or off the ice will receive a refund of the remaining balance of funds minus a \$30.00 administrative fee.

REGISTRATION FORM

NAME(S): _____

ADDRESS: _____

TOWN/CITY: _____

PROVINCE/STATE: _____

POSTAL CODE/ZIP CODE: _____

PHONE#: _____

E-MAIL: _____

EMERGENCY CONTACT#: _____

CAN. HEALTH #: _____

US HEALTH #: _____

DATE OF BIRTH: _____

AGE: _____ HOCKEY LEVEL: _____

**Please forward applications & cheque
made payable to:**

D. GALLARDI & N. GRUHL

DAWN GALLARDI

2617 Claude Avenue

Niagara Falls, Ontario

L2J 2C7

or

NANCY GRUHL

152 Oakwood Street

Port Colborne, Ontario

L3K 5G6