



RON SHAVER and TEAM WINTERCLUB
 SPRING 2009 RECREATIONAL PROGRAM
 7 WEEKS: APRIL 20 – JUNE 7, 2009

No Ice Monday May 18 – Victoria Day

CLASSES APRIL 20, 22, 26, 27 & 29 HELD AT REX STIMERS ARENA
BEGINNING MAY 3 ALL CLASSES AT SEYMOUR-HANNAH SPORTS COMPLEX

SKATER'S NAME _____ PARENT'S NAME _____
 ADDRESS _____ CITY & PC _____
 CONTACT #'S: H _____ C _____ EMAIL _____
 D.O.B. _____ HEALTH CARD # _____ SKATE CANADA # _____
 HIGHEST CANSKATE STAGE PASSED _____

PLEASE CHECK DAY(S) OF CHOICE

CanSkate

Parent/Tot

Monday: 6:00 – 6:45 PM

Sunday: 2:30 – 3:15 PM

Wednesday: 6:00 – 6:45 PM

*****Sunday Apr. 26 3:30 – 4:15 PM***
 (REX STIMERS ARENA)**

Sunday: 2:30 – 3:15 PM

StarSkate

***** Sunday Apr. 26 3:30 – 4:15 PM ***
 (REX STIMERS ARENA)**

Monday: 6:00 – 6:45 PM

Wednesday: 6:00 – 6:45 PM

COST FOR EACH SESSION: One Day per week for 7 weeks - \$95.00
Additional Day(s) per week for 7 weeks - \$70.00

PLEASE MAKE PAYABLE TO: RON SHAVER and TWC

Mandatory Skate Canada Registration Fee - \$ 30.00
 (Not applicable if paid previously)

Total Due: _____

Payment Received: Check _____ **Cash** _____

CONSENT

I, _____ consent to (skater's name) _____ participating in the activities of The Winter Club of St. Catharines and hereby release and forever discharge The Winter Club of St. Catharines and their agents, being all Coaches, Directors, Officers, Volunteers, Members, Staff successors and/or assignees of and from all claims, damages, actions or causes of action arising by reason of participation of (skater's name) _____ in skating or other club activities and from all claims or demands whatsoever in law or in equity which I, my heir, executors, administrators, or assignees can, shall or may have because of such participation.

 Signature of Parent or Applicant (if over 18 years of age)

 Date