



**Ron Shaver & Team Winter Club
Spring 2010 Recreational Program**

Sunday, April 25, 2010 – Thursday, June 3, 2010
(No ice on Sunday, May 23rd)

Sessions from April 25th – 29th held at Rex Stimers Arena
Sessions from May 2nd – June 3rd held at Seymour Hannah Sports Complex, Rink 2

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

StarSkate

Wednesday: 6:00 – 6:45 PM

Wednesday: 6:00 – 6:45 PM

Sunday: 2:15 – 3:00 PM

Sunday: 2:30 – 3:15 PM

***** Sunday Apr. 25 2:15 – 3:00 PM *****
(Rex Stimers Arena)

***** Wednesday Apr 28 6:00 – 6:45 PM *****
(Rex Stimers Arena)

COST FOR EACH SESSION: Wed: 6 Weeks - \$85.00
Sun: 5 Weeks - \$70.00
Add a 2nd Day - \$50.00

PLEASE MAKE CHEQUES PAYABLE TO: RON SHAVER and TWC. CHEQUES ACCEPTED IN PERSON OR MAIL
TO: Ron Shaver
783 Steele Street
Port Colborne, ON
L3K 4Z4

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