



RON SHAVER AND TEAM WINTER CLUB

SUMMER SCHOOL 2010

Mon. June 28 – Fri. Aug. 20*

***(No Ice Thurs. July 1 or Thurs. Aug. 5)**

SANCTIONED BY SKATE CANADA

ALL SESSIONS HELD AT SEYMOUR-HANNAH SPORTS COMPLEX, RINK # 2
240 ST. PAUL ST. W., ST. CATHARINES

ADULT SESSION: THURS. 6:55 – 8:15 PM (July 8, 15, 22, 29, Aug. 12, & 19)

6 Weeks \$125.00

Per Session \$25.00

Please make payable to **Ron Shaver & TWC** and mail to: Ron Shaver
783 Steele St.
Port Colborne L3K 4Z4

PLEASE COMPLETE THE FOLLOWING:

SKATER NAME _____

ADDRESS _____

CONTACT #'s: H _____ C _____ EMAIL _____

SKATE CANADA # _____ HEALTH CARD # _____

HOME CLUB _____ PROFESSIONAL _____

HIGHEST COMPLETE TEST PASSED _____

FORM OF PAYMENT: CHEQUE _____ 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