



# CORNERSTONE COMMUNITY CENTER

## BEGINNER GIRLS SUMMER HOCKEY PROGRAM

7/15/2010	Thu	CCC	Rink 1	Practice	5:00 PM	5:50 PM	60
				Girls HIP			
7/22/2010	Thu	CCC	Rink 1	Practice	5:00 PM	5:50 PM	60
				Girls HIP			
7/29/2010	Thu	CCC	Rink 1	Practice	5:00 PM	5:50 PM	60
				Girls HIP			
8/12/2010	Thu	CCC	Rink 1	Practice	5:00 PM	5:50 PM	60
				Girls HIP			
8/19/2010	Thu	CCC	Rink 1	Practice	5:00 PM	5:50 PM	60
				Girls HIP			
8/26/2010	Thu	CCC	Rink 1	Practice	5:00 PM	5:50 PM	60
				Girls HIP			

Join us for the summer, if you have any questions please call or Email [donchilson@netnet.net](mailto:donchilson@netnet.net) 920-403-2000

Loaner equipment is still available.

**Fee \$30**

**Remit to: Cornerstone Community Center**

**1640 Fernando Drive, DePere, WI 54115**

Skaters Name/Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Activity: \_\_\_\_\_ Age & Level: \_\_\_\_\_

Liability Waiver - Please read this form carefully and be aware that in signing up and participating in the program you will be waiving and releasing all claims for injuries sustained arising out of this program, including transportation services, when provided. As a participant in the program I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the Full risk of injuries, damages or losses which I may sustain as a result of participating in any and all activities associated with such programs. I do hereby release and discharge the and Cornerstone Community Center Inc. and it's officers, agents, volunteers and staff from all claims resulting in injuries or damage and losses due to my participation in the activities provided by these organizations. I further indemnify and hold harmless and defend the named organizations, officers, volunteers and staff all claims resulting from injuries, damages and losses sustained by me and arising out of connection with, or in anyway associated with the activities provided. I have read and Fully understand Waiver release of all claims.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* No Refunds\* \*\$25 Fee on Returned Checks\***