



Registration Form for 2011 Cornerstone Programs

Participants Name/Parent(s) Name: _____

Address, City, State, Zip: _____

Phone: _____

Email: _____

Age & Level: _____

Activity: Please circle the activities you are registering for:

POND HOCKEY TBA

DEFENSE CLINIC TBA

CHECKING CLINIC TBA

POWER SKATING TBA

10 WK POWER PLAY (circle one)

SCORING CLINIC TBA

10 WK U10 10am or 530pm

10 WK U12 10am or 530pm

7 WK POWER PLAY (circle one)

7 WK U10 530pm

7 WK U12 630pm

\$15 discount for registering for 3 or more of these programs per family

LIABILITY WAIVER

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: _____

Print Name: _____ *\$25.00 Service Fee on All

Returned Checks* NO REFUNDS!