



## Summer Session Registration

**DATES: Tuesdays - July 20<sup>th</sup> & 27<sup>th</sup>, August 3<sup>rd</sup> & 10<sup>th</sup>**

**Please fill out all information:**

Skaters Name: \_\_\_\_\_ Skater's Birthdate \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_ Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Class Time (Please Circle): **6:00 PM** or **6:35 PM**

Badge Program: \_\_\_\_\_

(Please read descriptions: i.e. Snowplow sam, Basic Skills, Hockey, Adult, Speed Skating)

Returning Skater (Please Circle): **Yes** **No**

Previous Skating Experience: \_\_\_\_\_

**Cost: \$44 for 4 week session per skater.**

(Family discount: 3<sup>rd</sup> skater in immediate family is free)

**Make checks payable to CCC.**

Remit to:

**Cornerstone Community Center**

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

\*\*\*\$25.00 Service Fee on all Returned Checks & no refunds\*\*\*

### 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 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 any way associated with the activities provided. I have read and fully understand Waiver Release of all claims.

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

**For more information, please call our office at 403-2000 or**

**<mailto:shannyh@hotmail.com>.**