

# Registration Form for 2010 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            \$25**

**CHECKING CLINIC    \$30**

**POWER PLAY            \$175**

**DEFENSE CLINIC     \$30**

**POWER SKATING      \$100**

**SCORING CLINIC     \$30**

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

**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!