

Peak Performance Power Skating Camp

August 23 – 27, 2010

Rob Ebbesen Twin Arena, Airdrie Alberta

Name: _____ D.O.B. _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell#: _____ Email: _____

AHC#: _____ Parent(s)/Guardian(s): _____

Sessions:

√ Indicate	Age Group	On Ice Times	Off Ice Times	Cost
_____	5-7 years	4:30-5:15pm	5:30-5:45pm	\$145.00
_____	8-10 years *	5:15-6:00pm	6:15-6:45pm	\$145.00
_____	11-12 years	6:15-7:00pm	7:15-7:45pm	\$145.00
_____	Adults	7:00-7:45pm	n/a	\$130.00

** If your child is 8 by December 31, 2010 you can register them in the 8-10 year old group*

Make Cheques payable to: **Jo-Anne Douthwaite**

Mail or Drop Registration Forms along with cheque or cash to:

Jo-Anne Douthwaite
2374 Fairways Circle
Airdrie Alberta T4B 2W9

Liability Waiver and Release:

It is understood and agreed, as a condition of participation in skating programs offered by **Peak Performance Power Skating** and any of the coaches/volunteers, that neither **Peak Performance Power Skating** nor the coaches/volunteers shall be liable for any injury, loss or damage suffered by the above-noted member while traveling to or from or while participating in the skating camps, or other activities however caused. The member, or his/her parent/legal guardian, who has signed this form, shall indemnify **Peak Performance Power Skating** and the coaches/volunteers and hold them harmless from any claims, demands or actions arising from or in respect of such injury, loss or damage. *In the event of an injury or accident, and Peak Performance Power Skating is unable to contact the "contact persons" above, I/we give permission for the coaches to arrange for medical help. I/We agree to cover any and all expenses and costs related to the injury/accident.*

Refund Policy: NO refunds given after August 15th, 2010. Refunds only given if accompanied with a signed medical note with current date.

Parent/Guardian Signature: _____ Date: _____