



WELLAND SKATING CLUB

CONDITIONING POWER CLINIC

MARCH 24, 2010 – APRIL 21, 2010 (5 weeks)

LOCATION:

Welland Jack Ballantyne Memorial Arena (Youth), 501 King Street, Welland, Ontario L3B 5R3
P.O. Box 595 Welland, Ontario L3B 5R3 Tel. # 905-788-2627
Email: wellandfsc@becon.org website: www.wellandskatingclub.com

PAYMENT:

Payable to **Welland Skating Club In full by March 12, 2010**

Mail to:

Address above, OR Barb Bergeron
45 Dover Road Welland, Ontario L3B 2V1 Phone # 905-788-3377

PROGRAM:

Start: Wednesday March 24 (5 sessions)
Ends: Wednesday April 21
Time: 7:00-8:30 pm

FEES:

Five sessions \$ 90.00
Guest Skate Fee \$ 40.00

REQUIREMENTS: Must be at least at the Atom level of Hockey or be eligible to enroll in our Senior Power Skate sessions.

PLEASE NOTE THE FOLLOWING Any missed sessions are NOT refundable.

Enrollment is limited with maximum 45 skaters allowed per session. If we do not have a minimum of 25 skaters, we will not run the program. Applications are accepted on a first come, first served basis. Prioritization is given to full Program subscribers. WSC reserves the right to adjust ice schedule. All skating code of conduct must be adhered to.

APPLICATION Please complete in full:

Name: _____ Address: _____

Phone Number: _____ City: _____

Email: _____ Postal Code: _____

Current member of Welland Skating Club: Yes _____ No _____

TERMS

I, _____, consent to (skater's name) _____ participating in the activities of the Welland Skating Club and hereby release and forever discharge the Welland Skating Club and its agents, being all coaches, directors, officers, volunteers, members, staff successors and/or assignees of and from all claims, damages, actions or causes of action arising by reason of the participation of Skater in skating or other club activities and from all claims or demands whatsoever in law or in equity which I, my heir, executors, administrators or assignees can, shall or may have because of such participation. The Welland Skating Club also reserves the right to change dates and times due to unforeseen circumstances and there will be not refunds for missed sessions. The price of the program includes your Skate Canada membership fee.

Parents Signature _____ Date: _____

ADMINISTRATION USE ONLY

PAYMENT:

IN FULL

CASH

CHEQUE #

Initials

Total Received