

# Participant Information

Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Level \_\_\_\_\_ Age \_\_\_\_\_

Circle all that apply \_\_\_\_\_ Disclaimer on backside

**Beginning Hockey:** \$30 for the season. Includes Instruction and Scrimmages. Focus on learning the game and improving your skating.

Friday 8:30 – 10:00      Paid \_\_\_\_\_      Date \_\_\_\_\_

**CB South Beer League:** \$30 per Season per league. \$60 for both nights. \$10 Drop in Fee/Space availability. Limit 25 players per night.

Monday 8:00 -10:00

Paid \_\_\_\_\_      Date \_\_\_\_\_

Wednesday 8:30-10:30

Paid \_\_\_\_\_      Date \_\_\_\_\_

**Curling League:** \$80 for a team of four. \$20 for individual or “Free Agent”.

1 game a week guaranteed! Plus Open Curling on Wednesday @ 1:30 – 3:30, learn or practice the game.

Saturday Nights @ 4:30-7:30

Paid \_\_\_\_\_      Date \_\_\_\_\_

**Ice Skating Lessons:** \$65 for the season. Helmets required! **Freestyle Skating-** Private lessons \$45 per hour. Power Skating Clinics TBA \$25 per session.

1) Beginners -Tuesday’s 4:00 to 4:45

Paid \_\_\_\_\_      Date \_\_\_\_\_

2) Level II-Tuesday’s 4:45 to 5:30

Paid \_\_\_\_\_      Date \_\_\_\_\_

**Progressive Skate Ski Clinics:** \$35 for Dec. 30 (Intro Special) and \$40 for each clinic or \$140 for all clinics.

Dec. 30 Jan. 15 Jan. 27 Feb. 12

Paid \_\_\_\_\_      Date \_\_\_\_\_

# Crested Butte South P.O.A Parks and Recreation

## Disclaimer Statement

**Please read carefully**

Release:

I understand there are risks of physical injury in participating in sports and recreational activities or programs. I hereby release the Crested Butte South P.O.A., its employees, officials and agents from any and all liability or loss or damage to personal property that, my child or I may experience in connection with activities sponsored by Crested Butte South P.O.A. Parks & Recreation.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature (if under 18)

I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Crested Butte South P.O.A. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program. I also consent to the use of my or my child's photo, video, artwork etc. by the P.O.A. for flyers, presentations etc.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent Signature (if under 18)