



# Schomberg Skating Club – Trisan Centre

PO Box 398 Schomberg ON L0G1T0

## PreCanSkate/CanSkate Registration Form 2017/18

Please Print \*Information required by Skate Canada for Insurance



### SKATER INFORMATION

Last Name*		First Name*		Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate (YYYY/MM/DD)* ____/____/____	
Address*				Home Phone # ( ) -		Cell Phone # ( ) -	
City*		Postal Code*		Medical Conditions (Allergies)/ Special Needs <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:			
Name of Primary Parent/Guardian (for skaters under 18 years)*				Emergency Contact Name (or other parent)			
Email Address (required)				Phone # (required)		Email Address (required)	
Relationship to Skater <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____				Relationship to Skater <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			

### SKATE CANADA MEMBERSHIP INFORMATION

Previous Skating Experience (Indicate levels completed)		Skate Canada Membership Number	
<b>Membership Status</b> Please state the club your child was registered with in September 2016: <input type="checkbox"/> Schomberg SC <input type="checkbox"/> Other (specify): _____ OR indicate if your child is a <input type="checkbox"/> New Member *Skate Canada Fees apply annually in September			
<b>Most Recent Report Card:</b> If applicable, please attach a copy of most recent CanSkate Report Card with this form			

### SESSION REGISTRATION

Session	Fall: September 26 – December 23, 2016		Rate per Session	Total
PreCanSkate (3-5yrs) (Must be 4 yrs by Jan 1/18)	<input type="checkbox"/> Tuesdays 5:40 – 6:25 pm	13 weeks	\$325	
	<input type="checkbox"/> Saturdays 9:05 – 9:50 am	11 weeks	\$275	
	<input type="checkbox"/> Both days	13 weeks (24 classes)	\$550	
CanSkate (Level 1-6)	<input type="checkbox"/> Tuesdays 5:40 – 6:25 pm	13 weeks	\$325	
	<input type="checkbox"/> Saturdays 9:05 – 9:50 am	11 weeks	\$275	
	<input type="checkbox"/> Both days	13 weeks (24 classes)	\$550	
	Winter: January 9 – March 31, 2017		Rate per Session	
PreCanSkate (3-5 yrs) (Must be 4 yrs by Jan 1/18)	<input type="checkbox"/> Tuesdays 5:40 – 6:25 pm	12 weeks	\$300	
	<input type="checkbox"/> Saturdays 9:05 – 9:50 am	12 weeks	\$300	
	<input type="checkbox"/> Both days	12 weeks (24 classes)	\$550	
CanSkate (Level 1-6)	<input type="checkbox"/> Tuesdays 5:40 – 6:25 pm	12 weeks	\$300	
	<input type="checkbox"/> Saturdays 9:05 – 9:50 am	12 weeks	\$300	
	<input type="checkbox"/> Both days	12 weeks (24 classes)	\$550	
			<b>Subtotal:</b>	

<b>Cash or Cheques made payable to "Schomberg Skating Club" NO REFUNDS</b> <b>PLEASE NOTE:</b> Pricing reflects statutory holidays and tournament days. No makeup sessions for personal holidays or statutory holidays. Payment in full must accompany the form. Incomplete application forms will not be accepted. NSF cheques are subject to a \$40.00 admin fee and are to be replaced by cash. <b>RELEASE:</b> Having read the brochure and listed terms and conditions, I hereby release the Schomberg Skating Club (SSC), its Directors, Officers and Coaches from any and all claims, actions, causes of actions, and damages resulting from personal injury, theft, accidents or other loss however caused. I verify that the above information is true and correct to the best of my knowledge. <input type="checkbox"/> Yes <input type="checkbox"/> No The skater/parent/guardian, hereby acknowledges and consents to the use of the skater's name, biography and likeness on or in connection with any television or radio program, video/DVD, print media or the advertising and publicizing of such program as may be designated by Schomberg Skating Club and waives all rights to remuneration or otherwise in connection with the above. <b>Signature of Parent/Guardian:-</b> _____ <b>Date:</b> _____	Skate Canada Fee: (Sept 1 – Aug 30)	\$40.00
	Fundraising Fee:	\$40.00
	<b>TOTAL:</b>	

### OFFICE USE ONLY

<input type="checkbox"/> New Skate Canada Membership completed <input type="checkbox"/> 2017/18 Membership Renewal completed
Payee: _____ <input type="checkbox"/> Cheque <input type="checkbox"/> Cash



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