

Cannington Figure Skating Club - Fall/Winter 2019/2020 Registration Form

Skater's Name: _____ Parent Name(s): _____
 Street Address: _____ Skate Canada #: _____
 City/Town: _____ Date of Birth: _____
 Postal Code: _____ Age as at October 1, 2018: _____
 Phone Number: (____) - _____ Email Address: _____
 Alternate Phone: (____) - _____ Coach (if known): _____
 Emergency Contact Name & Phone: _____

Please Note: We use your email address as our primary form of communication to keep you informed of club updates, events and any schedule changes.

Level	Half Season	Full Season	
Pre-Can	\$225.00	\$225.00	
Canskate	\$350.00	\$350.00	
Pre-Star	\$350.00	\$350.00	
Star +	\$350.00	\$350.00	
		Subtotal:	
		Skate Canada Fee:	\$45.00
		Total Fee:	

Please note: The Skate Canada fee is mandatory and is non-refundable once the skater is registered with Skate Canada. In addition to the above, every family is required to pay a fundraising fee (TBD) and a \$100.00 volunteering fee (please see information sheet for details on both of these fees).

Please read below and sign

I understand that the CANNINGTON FIGURE SKATING CLUB and/or it's Board of Directors, Agents, Coaches and Volunteers will not be held responsible for any accident or loss, however caused, and agree to release the said Club, it's Board and the proprietors from all liability, claims and damages which may arise as a result of or by reason of accident or loss. I authorize the CANNINGTON FIGURE SKATING CLUB, in my absence to obtain qualified emergency medical assistance in the case of an injury incurred during a session.

Signature of Parent/Guardian: _____ Date: _____

**** Helmet Regulation (Mandatory for all skaters unto, and including Stage 5)**

I have read the new policy on helmet use issued by Skate Canada and agree to comply with this regulation

Signature of Parent/Guardian: _____ Date: _____

Cannington Figure Skating Club periodically uses pictures for publicity such as our website & social media to generate awareness of our sport and acknowledge achievements. Unless you circle OPT OUT, we may include your child's name and image. **OPT OUT**

For Cannington Figure Skating Club Use only:

Payment Received in Full: Cash \$ _____ or CHQ# _____ Amt \$ _____

Post Dated Cheques: CHQ# _____ Dated: _____ Amt \$ _____

CHQ# _____ Dated: _____ Amt \$ _____

CHQ# _____ Dated: _____ Amt \$ _____

Fundraising Cheque: CHQ# _____ Dated: _____ Amt \$ _____

Volunteering Cheque: CHQ# _____ Dated: _____ Amt \$ _____

Payment Received By: _____ Receipt #: _____ Date: _____