Hamilton Skating Club START TO SKATE



PreCanS KATE Registration Form MOUNTAIN ARENA: FALL 2017 Sat. Sept 23 to Fri. Dec. 1, 2017 WINTER 2018 Sat. Jan. 6 to Sun. Mar. 11, 2018



STONEY CREEK ARENA: FALL 2017 Tues. Oct 3 to Sat. Dec 9, 2017 WINTER 2018 Tues. Jan 9 to Sat. Mar 10, 2018

Please Print in BLOCK LETTERS *Information Requested by Skate Canada and/or is required for Insurance Purposes

Please Phill III block	LETTERS *II	nformation Re	quested by Skate	Canada and/or is	required	for Insurance Purpose	es .
		Skater In	formation				
Last Name*	First Name*			Gender			(M/DD)*
Address	Apt. / Unit		Init	☐ Male ☐ Female _		////////	
Address	Apt.		Jiiit	Home Phone # (required		Mobile (Cell) #	
City	Postal Code (required)			Medical Conditions (especially Severe Allergies)/ Special Need			Special Needs
				□ No □ Yes Specify:			
Name of (Primary) Parent / Guardian Information f	or skaters under 18	years old	Name	ontact (or Other)	Parent)		
Name Email Address*(required)		Home Phone # * (required) Email Address					
Linai Addiess (icquired)							
Relationship to Skater Mother Father Guardian Other			Relationship to Skater				
☐ Mother ☐ Father ☐ Guardian ☐ Other		☐ Mother ☐ Father ☐ Guardian ☐ Other					
	Skate Ca		bership Inforr				
Skate Canada #		Last CanSka	ate Badge # Received				
Membership Status			_			1	
Please state the last club that your child was registered wit Existing Member – The skater's Skate Canada memb	th as of Sept. 2016:	☐ Hamilton S	Skating Club 🗖 (Other	or club U	SC may not be your her	ma club
□ New Member – You are a new skater if you have not							ne ciub.
		Session R	egistration			•	
	Session registration				Т	Total	
Session MOUNTAIN ARENA	Please select					Rate per session	
	☐ Sat 10:00 am - 10:30 am FALL Sept 23 to Nov 25, 2017				\$80.00		
Pre School PreCanSk ate FALL 2017 *Ages 4 – 5, must be 4 yrs old by Sept 1/17	☐ Sat 12:30 pm − 1:00 pm FALL Sept 23 to Nov 25, 2017				\$80.00		
riges 4 3, musi be 4 yrs but by Sept 1717	☐ Sun 10:15 am – 10:45 am FALL Sept 24 to Nov 26, 2017				\$80.00		
	☐ Sat 10:00 am - 10:30 am WINTER Jan 6 to Mar 10, 2018				\$80.00 OR \$60.00^^ ^		
Pre School PreCanSkate WINTER 2018	□ Sat 12:30 pm − 1:00 pm WINTER Jan 6 to Mar 10, 2					\$80.00 OR \$60.00	
*Ages $4-5$, must be 4 yrs old by Jan 1 , 2018	,				\$80.00 OR \$60.00		
	□ Sun 10:15 am − 10:45 am WINTER Jan 7 to Mar 11, 2018						
					ifcontinu	ing into the second sessio	n
Session STONEY CREEK ARENA	Please select						
Pre School PreCanSkate FALL 2017	☐ Tues 4:10 pm	– 4:40 pm FA	ALL Oct. 3 to De	ec. 5, 2017		\$80.00	
*Ages $4-5$, must be 4 yrs old by Sept $1/17$	☐ Sat. 8:30 am - 9:00 am FALL Oct 7 to Dec 9, 2017				\$80.00		
Pre School PreCanSkate WINTER 2018			40 pm WINTER Jan 9 to Mar 6, 2018			\$80.00 OR \$60.00^^ ^	
*Ages $4-5$, must be 4 yrs old by Jan 1, 2018	☐ Sat 8:30 am – 9:00 am WINTER Jan 13 to Mar 10, 2018				\$80.00 OR \$60.00^^		
				^^=	ifcontinu	ing into the second sessio	n

SubTO	TAI		

Tel: 905-388-9050

Continues on page 2 (turn over)

SubTOTAL (from previous page)	
A Canadian Celebration on Ice Celebrating Ontario & Canada 150 Ice Show fee for each skater	+\$40.
Administration Fee : Fall 2017 – Winter 2018	
Skate Canada "Safe Sport" Fee	
Skate Canada Fee (Sept 1 – Aug 30) *Renewed every September	
Total	

Debit, Cash or Cheques made Payable to "Hamilton Skating Club" Confirmations will not be sent out. No refunds.

PLEASE NOTE: Pricing reflects statutory holidays. No makeup sessions for statutory or personal holidays. Applications must be completed in full. Payment for the full amount must accompany the form. Incomplete application forms will not be accepted. **NSF cheques** are subject to a \$40.00 administration fee and are to be replaced by certified cheque, money order, debit or cash.

RELEASE

Having read the brochure and listed terms and concauses of actions, and damages resulting from person				
verify that the above information is true and correct to	the best of my knowledge. I have read and	agree to the Parent/Skater Co	ode of Conduct and have disc	ussed it with my child.
☐ Yes ☐ No The skater/parent/guardian, hereb radio program, video/DVD, print media or the advert otherwise in connection with the above. If you have a ☐ Yes ☐ No I would like to receive information	tising and publicizing of such program as many concerns please see the office.			
Signature of Parent / Guardian:	Date:			
NOTICE OF COLLECTION STATEMENT				

Your privacy and the protection of your personal information is important to us. Your personal information is required to register you with Skate Canada in any capacity, including, without limitation, as a Skate Canada registrant, coach or inconnection with your affiliation with a skating club or skating school and to administer various services, such as Skate Canada events. Your personal information may also be exchanged with Skate Canada affiliates, which includes your local skating club or skating school or provincial association or section. By submittingthis form, you expressly provide your consent to the sharing of your personal information with Skate Canada and as described herein for purposes of registration and receipt of national services delivered by Skate Canada. We adopt the 10 Fair Information Principles into our privacy program and employ reasonable measures to protect against unauthorized access, processing, disclosure, alteration, destruction or loss of your personal information. See Skate Canada Privacy Policy for more details.

Tel: 905-388-9050

Office Use Only				
Payee				
Cheque # / Debit	Date	Amount		
Comments: If opt in to Ice Show, photocopyform and file into Ice Showbinder				