



TEST DAY
TBD

Hamilton Skating Club STARSkate / Adult / Competitive Registration Form SUMMER 2017



Monday July 3 – Friday August 18, 2017

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

Skater Information			
Last Name*	First Name*	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (YYYY/MM/DD)* ____/____/____
Address		Apt. / Unit	Home Phone # *(required) ()
City		Postal Code	Mobile (Cell) # ()
Medical Conditions (especially Severe Allergies)/ Special Needs <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:			
Name of (Primary) Parent / Guardian Information for skaters under 18 years old Name		Emergency Contact (or Other Parent) Name	
Email Address*(required)		Home/Cell # *(required) ()	Email Address
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 ** MANDATORY **			
Skate Canada #		Highest FreeSkate Test	
Base Coach		Highest Dance Test	
Dance Coach		Highest Skills Test	
Other	<input type="checkbox"/> Skills <input type="checkbox"/> Interpretive	Highest Interpretive	

Membership Status
Please state the last club that your child was registered with as of Sept. 2016: Hamilton Skating Club Other _____
 New Member – You are a new skater if you have not previously taken lessons with a Skate Canada Affiliated Club. *Skate Canada Fee must be paid

Session Registration ** Please check Session Requirements as described in Brochure

	MON	TUES / WED / THURS					
July 3 - 7	<input type="checkbox"/>	<input type="checkbox"/>					
July 10 - 14	<input type="checkbox"/>	<input type="checkbox"/>					
July 17 - 21	<input type="checkbox"/>	<input type="checkbox"/>					
July 24 - 28	<input type="checkbox"/>	<input type="checkbox"/>					
Jly 31- Aug 4	<input type="checkbox"/>	<input type="checkbox"/>					
Aug 8 - 11	<input type="checkbox"/>	<input type="checkbox"/>					
Aug 14 - 18	<input type="checkbox"/>	<input type="checkbox"/>					

INDICATE SESSION LEVEL	Cost for 4 days (M-Th)	Cost for 3 days (T, W, Th)	Cost for Monday only	SUB TOTAL	
<input type="checkbox"/> NOVICE / JUNIOR/ PAIR	\$230	\$180		x number of weeks _____	
<input type="checkbox"/> PRE NOVICE / JUVENILE / PRE JUVENILE	\$230	\$180		x number of weeks _____	
<input type="checkbox"/> CompetitiveSTAR / STAR 5 to Gold		\$150	\$60	x number of weeks _____	
<input type="checkbox"/> IntermediateSTAR / STAR 3 - 5		\$165	\$60 STAR 4 and up only	x number of weeks _____	
<input type="checkbox"/> JuniorSTAR / STAR 1 - 3		\$150		x number of weeks _____	
<input type="checkbox"/> Fast Track		\$165		x number of weeks _____	
<input type="checkbox"/> GroupSTAR / STAR 1 – 3- Wednesday ONLY	4:30pm – 5:15pm	includes off-ice	Wed \$35	x number of weeks _____	
				Ticket Ice _____ x \$12.05	

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 or cash.

RELEASE
Having read the brochure and listed terms and conditions, I hereby release the Hamilton Skating Club (HSC), its Directors, Officers and Coaches from any and all claims, actions, causes of actions, and damages resulting from personal injury, theft, accidents including those occurring while using the jumping harness or exercise or other loss however caused. I verify that the above information is true and correct to the best of my knowledge. I have read and agree to the Parent/Skater Code of Conduct and have discussed it with my child.

Yes 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 Hamilton Skating Club and waives all rights to remuneration or otherwise in connection with the above. If you have any concerns please see at the office.

Yes No I would like to receive information on the Hamilton Skating Club by Email.

Signature of Parent / Guardian: _____ Date: _____

Administration Fee : SUMMER 2017 STARSkate/Comp/Adult Programs	+ \$15
Skate Canada Fee (Sept 1 – Aug 30) *Renewed every September	+ \$35
Total	
Office Use Only	
<input type="checkbox"/> 2016 - 2017 Renewal Registration Completed	
<input type="checkbox"/> New Skate Canada Membership Completed	
Payee	
Cheque #	Date
Comments	