



Hamilton Skating Club Recreational Registration Form Summer 2017



Jul 3 – Jul 27 and/or Aug 1 – Aug 17, 2017 PreCan/CANSKATE programs
July 3 – August 17, 2017 FastTrack/ GroupSTAR / STAR 1-3 / JrSTAR
STAR 3-5 / IntSTAR / STAR 5 to GOLD / CompSTAR /Open & Adult

EVENING PROGRAMS

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

Last Name*		First Name*	
Birth Date (YYYY/MM/DD)* ____/____/____	Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Special Needs* <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Please Specify (Optional)
Skate Canada # (Mandatory for STARSkate & higher)		Last CanSkate Badge # Received	Private Coach (if Applicable)
Base Coach		Highest FreeSkate Test	
Dance Coach		Highest Dance Test	
Skills Coach		Highest Skills Test	
Interpretive Coach		Highest Interpretive Test	
Membership Status <input type="checkbox"/> New Member -You are a new skater if you have not previously taken lessons in a Skate Canada Affiliated Club *Please Pay Skate Canada Fee			
Please state the last club that your child was registered with as of Sept. 2016: _____			
Address*		Name of (Primary) Parent / Guardian Information for skaters under 18 years old	
City	Postal Code	Mother's Name _____	
Home Phone # * (required)	Mobile Phone #	Father's Name _____	
Email address*		Emergency Contact (or Other Parent)	
		Relationship to Skater	Contact Phone #

Session	Time	Rate For 8 in July	Rate For 6 in Aug	Rate for doing BOTH	Total	
RECREATION PROGRAMS (Skating twice a week Tues & Thurs)						
PreCan & CanSkate Stage 1 - 6	<input type="checkbox"/> Tues & Thurs	5:30pm – 6:10 pm	\$160.00	\$120.00	\$260.00	
STAR SKATE / OPEN & ADULT PROGRAMS						
Rate per session (July 3 – Aug 17)						
Fast Track	<input type="checkbox"/> Mon	5:30 pm - 6:15 pm	\$175.00			
JrSTAR/STAR 1 – 3 IntSTAR / STAR 3 - 5	<input type="checkbox"/> Mon 6:15p – 7:15pm <input type="checkbox"/> Tues 6:15pm – 7:15pm	<input type="checkbox"/> Wed 5:30 pm – 6:30 pm	<input type="checkbox"/> Thurs 6:15pm – 7:15pm	\$175.00 each		
Group STAR 1 - 3	<input type="checkbox"/> Tues 6:15pm – 7:15pm	<input type="checkbox"/> Thurs 6:15pm – 7:15pm	\$215.00 each			
Stroking / Dance / Skills	<input type="checkbox"/> Wed	6:30 pm – 7:00 pm	\$88.00			
Adult	<input type="checkbox"/> Wed (Adult)	7:15 pm – 8:30 pm	\$215.00			
CompSTAR / STAR 5 to GOLD / OPEN	<input type="checkbox"/> Mon 7:30pm – 8:30pm	<input type="checkbox"/> Tues 7:30pm – 8:30pm	<input type="checkbox"/> Thurs 7:30pm – 8:30pm	\$175.00 each		
PLEASE NOTE: Pricing reflects statutory holidays. Applications must be completed in full. Payment for the full amount must accompany the form. Incomplete application forms will not be accepted. Skate Canada Fee is renewed every September. CONFIRMATIONS WILL NOT BE SENT OUT. NO REFUNDS. NSF cheques are subject to a \$40.00 administration fee and are to be replaced by certified cheque, debit or cash.		Subtotal				
		Administration Fee			\$15	
		Skate Canada Fee (Sept 1/16 – Aug 30/17)		& Safe	Sport Fee	\$38
		Total				

WAIVER: 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.

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.

Signature of Parent / Guardian: _____ Date: _____

OFFICE USE ONLY Payee (Cheque Name)	Cheque #	Date	Amount	
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