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| Western Ontario | **Hamilton Skating Club**  **Registration Form**  **Summer 2019**  **July 2 – Jul 25 and/or July 29 – Aug 15, 2019 PreCan/CANSKATE programs**  **July 2 – August 15, 2019 FastTrack/ GroupSTAR / STAR 1-4 /**  **STAR 5 to GOLD / 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**

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| Last Name\* | | | | | | First Name\* | | | |
| Birth Date (YYYY/MM/DD)\*  \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ | | Gender \* | | | | Special Needs\* | | 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    Please state the last club that your child was registered with as of Sept. 2016:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Address\*  City Postal Code | | | | | **Name of (Primary) Parent / Guardian Information for skaters under 18 years old**  Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Home Phone # \* (required) | | | Mobile Phone # | | **Emergency Contact (or Other Parent)** | | | | |
| Email address\* | | | | | Relationship to Skater | | | | Contact Phone # |

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| **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 |  | 🗖Tues & Thurs | 5:30pm – 6:10 pm | $176.00 | $132.00 | | $290.00 |  |
| **STAR SKATE / OPEN & ADULT PROGRAMS** | | | | **Rate per session (July 3 – Aug 17)** | | | |  |
| Fast Track |  | 🗖Mon | 5:30 pm - 6:15 pm | $185.00 | | | |  |
| STAR 1 - 4 | 🗖Mon  6:15p –7:15pm | 🗖Tues  6:15pm – 7:15pm | 🗖Wed  5:30 pm – 6:45 pm | 🗖Thurs  6:15pm – 7:15pm | | $195.00 each | |  |
| Group STAR 1 - 3 |  | 🗖Tues  6:15pm – 7:15pm | 🗖Thurs  6:15pm – 7:15pm | $220.00 each | | | |  |
|  |  |  |  |  | | | |  |
| STAR 5 to GOLD & OPEN/Adult | 🗖Mon  7:30pm – 8:30pm | 🗖Tues  7:30pm – 8:30pm | 🗖Wed  7:30pm – 8:30pm | 🗖Thurs  7:30pm – 8:30pm | | $195.00 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 | |  | |  | $25 |
|  | |  | |  |  |
| Skate Canada Fee (Sept 1/18 – Aug 30/19) | |  | |  | $40 |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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