



Hamilton Skating Club Recreational Registration Form

Spring 2014

April 12, 2014 to June 9, 2014

PreCanSkate, CanSkate, CanPower
TeenSkate/Adult Learn To Skate Sessions



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 # ()		Mobile (Cell) # ()	
City		Postal Code		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				Emergency Contact (or Other Parent)				
Name				Name				
Home Phone # *(required) ()		Email Address*(required)		Home Phone # *(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

Skate Canada #		Last CanSkate Badge # Received		Private Coach (if Applicable)	
Membership Status Please state the last club that your child was registered with as of Sept. 2013: <input type="checkbox"/> Hamilton Skating Club <input type="checkbox"/> Other _____ <input type="checkbox"/> Existing Member - The skater's Skate Canada membership is with Hamilton Skating Club. ** If the skater also goes to another club, HSC may not be your home club. <input type="checkbox"/> 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

Session	Please select	Rate per skater	Total
Pre School PreCanSkate <i>*Ages 3 - 5, must be 3 yrs old by Sept 1/13</i>	<input type="checkbox"/> Sat 10:00 am - 10:30 am	\$ 105.00	
	<input type="checkbox"/> Sun 11:20 am - 11:50 am	\$ 105.00	
CanSkate <i>*Ages 5 - 10</i>			
Stages 1 - 6	<input type="checkbox"/> Mon 6:30 pm - 7:15 pm	\$ 105.00	
	<input type="checkbox"/> Tues 6:15 pm - 7:00 pm OR <input type="checkbox"/> Sun 10:30 am - 11:15am	\$ 120.00	
Stages 1 - 2	<input type="checkbox"/> Sat 10:45 am - 11:25 am	\$ 120.00	
Stages 3 - 6	<input type="checkbox"/> Sat 11:30 am - 12:15 pm	\$ 120.00	
CanPowerSkate	<input type="checkbox"/> Sun 9:30 am - 10:15 am	\$ 130.00	
TeenSkate / Adult Skate / Family PreCanSkate	<input type="checkbox"/> Sat 12:30 pm - 1:15 pm	\$ 120.00	

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: _____

Subtotal

☐ 10% Family Discount Session Cost
** 3 or more family members (same household)*

Recreational Programs - Administration Fee
Spring 2014

+ \$5

Skate Canada Fee (Sept 1 - Aug 30)
**Renewed Annually every September*

+ \$35

Total

Office Use Only

☐ 2013 - 2014 Renewal Registration Completed
☐ New Skate Canada Membership Completed

Payee

Cheque #

Date

Amount

Comments