

LISTOWEL SKATING CLUB - 2018-2019 REGISTRATION FORM

Did you skate with the Listowel Skating Club last year? Yes ____ No ____

Skater's Surname: _____ Skater's First Name: _____

Address: _____ Phone #: _____

_____ Postal Code: _____

Email: _____

Date of Birth: _____ M F Skate Canada #: _____

DD/MM/YEAR

Emergency Contact Information: _____

Name & Phone Number

**** Program fees include your \$35.70 Skate Canada Membership & your \$50 Fundraising Fee****

(Start Date: Wednesday, October 10 & Monday, October 15)

PRECANSKATE

5:50pm-6:20pm

Mondays & Wednesdays

\$320.00

Chq.#

1 day per week (Mon or Wed)

\$240.00

CANSKATE (Stages 1-4)

5:30pm-6:20pm

Mondays & Wednesdays

\$440.00

Chq. #

1 day per week (Mon or Wed)

\$330.00

PRESTAR (Stages 5 & 6)

4:45pm-5:50pm

Mondays & Wednesdays

\$515.00

Chq. #

**Includes 30 minute group lesson per session

STARSKATE (Star 1- Gold)

4:00pm-5:30pm Mondays & Wednesdays

\$490.00

Chq. #

**Includes a 15 minute group lesson per session

Payment Plan:

September 12th \$ chq. #

November 15th \$ chq. #

October 15th \$ chq. #

January 15th \$ chq. #

A \$25 charge will be applied to NSF cheques

Refunds will not be issued after November 30

Families with 3 or more skaters are eligible for a 10% discount

Release of responsibility, in the event of an accident or illness to the skater while taking lessons traveling to or from or participating in the Carnival is hereby given by the parents or guardians whose signature appears on the registration form. The Listowel Skating Club Executive, Pro Coaches, North Perth Parks and Recreation and all persons involved in the carrying out of this program are therefore, not liable in the event of an accident or illness.

Waiver for Photographs: permission is granted to the Listowel Skating Club by parents or guardians whose signature appears on the registration form, to use photographs, videos or other likenesses of my child for the purposes such as but not limited to social media, bulletins, advertising copy and promotional materials.

Name of Parent or Guardian (Please Print)

Signature of Parent or Guardian

Date