



The Winter Club of St. Catharines

175 Kent St, Port Colborne L3K 2Z7, Phone (905) 641-5777 www.skatewc.ca

teamwinterclub@gmail.com

StarSkate Advantage Membership Form 2014-2015

Tues Oct 14, 2014 – Tues Mar 10, 2015

*** REGISTRATION: SEPT 23: 6:00-8:00 PM; MERIDIAN ROOM, SEYMOUR-HANNAH***

StarSkate Advantage is intended to be a session **IN ADDITION** to your regular StarSkate sessions. Please register with this form **PLUS** your Recreational Membership form. Payment may be combined. Please circle requested option(s).

TUES: 6:35-7:15 PM

- In addition to 1 day/week StarSkate Membership \$200.00
- In addition to 2 day/week StarSkate Membership \$100.00

All Sessions held at:
Seymour-Hannah Sports and Entertainment Complex
240 St. Paul Street West
St. Catharines, ON

PLEASE COMPLETE THE FOLLOWING

:

SKATER NAME _____

ADDRESS _____

CONTACT #'s: H _____ C _____ EMAIL _____

DOB _____ SEX: M F HEALTH CARD # _____

FORM OF PAYMENT: CHEQUE _____ CASH _____

CONSENT: I, _____ consent to (skater's name) _____ participating in the activities of The Winter Club of St. Catharines and hereby release and forever discharge The Winter Club of St. Catharines and their agents, being all Coaches, Directors, Officers, Volunteers, Members, Staff successors and/or assignees of and from all claims, damages, actions or causes of action arising by reason of participation of (skater's name) _____ in skating or other club activities and from all claims or demands whatsoever in law or in equity which I, my heir, executors, administrators, or assignees can, shall or may have because of such participation.

Signature of Parent or Applicant (if over 18 years of age)

Date