WINTER CLUB OF ST CATHARINES RECREATIONAL PROGRAMS REGISTRATION FORM

175 KENT ST PORT COLBORNE L3K 2Z7





teamwinterclub@hotmail.com www.skatewc.ca

SKATER'SNAME	PARENT'SNAME			
ADDRESS		CITY/ PC		
CONTACT # HOME		CONTACT # CELL		
HEALTH CARD #		MEDICAL CONDITION		
D.O.B		EMAIL		
SKATE CANADA # HIGHEST CANSKAT		E STAGE PASSED		
KIDSKATE &	CANSKATE (ages :	5 & up)	STARSKATE	
PARENT- TOT (ages 3 – 5) CSA APPROVED HELMETS MANDITORY	CSA APPROVED HELMETS MANDITORY			
Sunday	Sunday		Sunday	
12:45-1:30 pm	1:30-2:15 pm		12:45-1:30 pm	
On Ice parents must pay \$35.00	Wednesday		Wednesday	
for insurance purposes	6:30-7:15 pm		6:30-7:15 pm	
FULL SEASON	FULL SEASON		FULL SEASON	
October 16, 2013 – March 5, 2014	October 16, 2013 – Mar	ch 5, 2014	4 October 16, 2013 – March 5, 2014	
ONE DAY/WEEK= \$175.00	ONE DAY/WEEK =	\$200.00	ONE DAY/WEEK = \$200.00	
	TWO DAY/WEEK=	\$400.00	TWO DAY/WEEK= \$400.00	
Skating Package Circle above progr	ram, session & days reques	ted	\$	
Skate Canada Registration Fee (Mandatory)		\$ 35.00		
Payable in 1 cheque for total or 2 che	eques(1 due at Reg + 1 pay	able Nov 1, 2	2103) or cash	
Chq #1 Chq#2	Cash \$		TOTAL DUE: \$	
Club Official Signature:			·	

Please print clearly on above from. A tax receipt will be issued upon payment.

Liability policy: the Winter Club of St Catharines assumes no responsibility for any accident, loss or injury that may arise from any cause during skating programs. Skaters will not be allowed on the ice unless this form is completed & payment in full has been received.

Refund Policy : Refunds will not be granted after the 3rd week of programming unless a medical certificate is received. All refunds the second of the secon	ds granted
are pro-rated (from time of skaters registration date) less \$30.00 per skater administrative fee and the \$35.00 Skate Canada Memb	ership fee

Signature (Parent/Guardian):	D .	
Signatura (Parant/L Juardian)	Date:	