



The Winter Club of St. Catharines

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

Test Membership Form: 2016 – 2017

REGISTRATION: WED AUG 24, 2016: 6:00-8:00 PM: MERIDIAN ROOM; SEYMOUR-HANNAH

Name			
Last		First	
Address		City	
Postal Code	Telephone #'s (Home) - (Emergency Contact) -		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Health Card #:	E-mail Address		
Home Club: Winter Club <input type="checkbox"/>	Skate Canada Number	DOB	
Other: #		YEAR / MM / DD	
Highest Skate Canada Test Level Achieved:			
Freeski <input type="checkbox"/> Skills <input type="checkbox"/> Dance <input type="checkbox"/> Competitive <input type="checkbox"/>			

Sessions commence September 13, 2016 and run to March 9, 2017
See Calendars at www.skatewc.ca for updated ice schedules.

FALL SCHEDULE (SEPT 13 – OCT 13, 2016 + JAN 3, 4, 5, 2017)

SUNDAY

11:55-1:30: Open FS
& Stroking

TUESDAY

4:25-5:45: Open FS

WEDNESDAY

4:25-6:00: Open FS
& Stroking
6:55-8:15: Adult/High FS

THURSDAY

4:25-5:45: Open FS

REGULAR SCHEDULE (OCT 16, 2016 – MAR 9, 2017; (EXCEPT JAN 3, 4, 5 SEE ABOVE SCHEDULE)

SUNDAY

11:25-12:45: Open FS

TUESDAY

4:25-6:15: Open FS
& Stroking

WEDNESDAY

4:25-5:45: Open FS
7:25-8:45: Adult / High FS

THURSDAY

4:25-6:15: Open FS
& Stroking

PACKAGE PRICING

- ☐ 4 day \$1075.00
- ☐ 3 day \$950.00
- ☐ 2 day \$750.00
- ☐ 1 day \$400.00

Total (A) \$ _____

Indicate Days of choice

- ☐ Sunday
- ☐ Tuesdays
- ☐ Wednesdays
- ☐ Thursdays

PAYMENTS

<p style="text-align: right;">Subtotal</p> <p>Ontario Skater's Promotional Contest (mandatory home club)</p> <p>Skate Canada Fee (mandatory home club) \$35.00 + Safe Sport Fee - \$3.00</p> <p style="text-align: right;">Total</p> <p>Volunteer Bond (mandatory for all skaters) Post dated cheque dated Apr 1, 2017. Returned upon completion of 15 volunteer hours. Please see The Winter Club of St. Catharine's Member Volunteer Form for more information.</p>	<p>\$ _____</p> <p><input type="checkbox"/> \$ 20.00</p> <p><input type="checkbox"/> \$ 38.00</p> <p>\$ _____</p> <p><input type="checkbox"/> \$175.00</p>	<p>Registration may be paid in one of the following ways:</p> <p>One cheque for the full amount.</p> <p>Post dated cheques dated for the first of the month; Sept 1, 2016 – Feb 1, 2017 Registration must be paid in full by February 1, 2017.</p> <p>Make all cheques payable to: Winter Club of St. Catharines</p>
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For Office Use only:

Volunteer Form received: ☐ Contest Book given ☐ # _____

Cheque 1 Sept 1, 2016	Cheque 2 Oct 1, 2016	Cheque 3 Nov 1, 2016	Cheque 4 Dec 1, 2016	Cheque 5 Jan 1, 2017	Cheque 6 Feb 1, 2017	Volunteer Bond Apr. 1, 2017
# _____	# _____	# _____	# _____	_____	_____	# _____
\$ _____	\$ _____	\$ _____	\$ _____	_____	_____	\$ _____

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.

I also acknowledge and hereby consent to the use of above 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 any program as may be designated by the Winter Club of St. Catharines and waives all rights to remuneration or otherwise in connection with the above.

Signature of parent or applicant (if over 18 years of age)

Date

Harness Waiver (must be signed prior to use of the harness)

I, _____ give permission for my daughter/son, _____ to use the harness at The Winter Club of St. Catharines. I understand that The Winter Club of St. Catharines will not be held liable for any injury that may occur while using this device.

(signature of parent)

(signature of applicant if over 18 years of age)

(print name)

(date)