The Winter Club of St. Catharines

175 KENT ST, PORT COLBORNE L3K 2Z7, Phone (905) 641-5777 www.skatewc.ca teamwinterclub@gmail.com

Adult Membership Form: Fall/Winter 2014 – 2015
Sanctioned by Skate Canada

Registration: Wed Aug 20: 6:00-8:00 PM; Meridian Room, Seymour-Hannah

Fall/Winter: Wed: Sept 10, 2014 – Mar 11, 2015 **7:25 – 8:45 PM**
: (no ice Dec 24, 31 2014) **$600.00**

Skate Canada Fee (to be added to registration fee for Home Club registration) **$35.00**

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_____

SKATE CANADA #_____ HEALTH CARD #_____

HOME CLUB_____ PROFESSIONAL_____

HIGHEST COMPLETE TEST PASSED_____

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

Registration may be paid:

One cheque for the full amount dated Sept. 1, 2014
Six cheques (total fee divided by six) payable Sept 1, Oct 1, Nov 1, Dec 1; 2014, Jan 1, Feb 1; 2015

Make all cheques payable to: **Winter Club of St. Catharines**
175 KENT ST, PORT COLBORNE L3K 2Z7