

Please Print Skater Information:



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 #'S: H_	C	EMAIL
D.O.B	HEALTH CARD#	SKATE CANADA#
HIGHEST CANSKATE STAGE PASSED	MEDICAL CONDITION: Y N	1
KIDSKATE&P/TOT (AGES 3-5) (Parent on Ice required to pay \$35.00 fee for Insurance	CANSKATE (AGES 5 &UP)	STARSKATE
SUN: 12:45-1:30 PM	SUN: 1:30-2:15 PM TUES: 6:30-7:15 PM	SUN: 12:45-1:30 PM
	WED: 6:30-7:15 PM	WED: 6:30-7:15 PM
HALF SEASON	HALF SEASON	HALF SEASON
JAN 6 – MAR 11, 2014	JAN 6 - MAR 11, 2014	JAN 6 – MAR 11, 2014
1 DAY/WEEK=\$100.00	1 DAY/WEEK=\$120.00	1 DAY/WEEK=\$120.00
	2 DAY/WEEK=\$220.00	2 DAY/WEEK=\$220.00
	3 DAY/WEEK=\$300.00	
Skating Package Circle above p	orogram, session & days requested	\$
Skate Canada Registration Fee (Mandatory)	\$ 35.00
Payable in 1 cheque or cash	•	
Chq#	Cash \$	TOTAL DUE: \$
Club Official Signature:		
Please bring this signed form with you to the ice. Please print clearly on above from Liability policy: the Winter Club of St Catholic cause during skating programs. Skaters will received. Refund Policy: Refunds will not be granted granted are pro-rated (from time of skaters refunds with the pro-rated from time of skaters refunds with you to the pro-rate from the pro-rate from time of skaters refunds with you to the pro-rate from the pro-rate from time of skaters refunds with you to the pro-rate fr	not be allowed on the ice unless this form is after the 3rd week of programming unless a egistration date) less \$30.00 per skater admi	and payment received before entry to ment. Fident, loss or injury that may arise from any completed & payment in full has been a medical certificate is received. All refunds nistrative fee and the \$35.00 Skate Canada
Signature (Parent/Guardian):All programs may be subject to change.	Date:	
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