



WINTER CLUB OF ST CATHARINES RECREATIONAL PROGRAMS REGISTRATION FORM

175 KENT ST PORT COLBORNE L3K 2Z7 teamwinterclub@gmail.com www.skatewc.ca

REGISTRATION: TUES SEPT 23, 2014: 6:00-8:00 PM, MERIDIAN ROOM, SEYMOUR-HANNAH

SKATER'SNAME PARENT'SN			ЛЕ		
DDRESS		CITY/ PC			
ONTACT# H	C	C		EMAIL	
O.B	HEALTH	HEALTH CARD#		SKATE CANADA #	
IGHEST CANSKATE STAGE PASSE	DMEDIC	CAL CONDITION: Y	N		
DSKATE&P/TOT (AGES 3-5)	CAN	CANSKATE (AGES 5 &UP)		STARSKATE	
Parent on Ice required to pay \$35.00					
UN: 12:45-1:30 PM		SUN: 1:30-2:15 PM TUES: 5:55-6:40 PM		SUN: 12:45-1:30 PM	
	_	D: 6:30-7:15 PM		WED: 5:45-6:30	PM
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FULL SEASON FULLSEASON		ILLSEASON		FULL SEASON	
CT 15, 2014-MAR 11, 2015	OCT 15, 2014-MAR 11, 2015		OCT 15, 2014-MAR 11, 2015		
DAY/WEEK=\$175.00	1 D	1 DAY/WEEK=\$200.00		1 DAY/WEEK=\$200.00	
	2 🛭	DAY/WEEK=\$400.00		2 DAY/WEEK=	\$400.00
	3 🛭	DAY/WEEK=\$500.00			
Skating Package Circle above program, session & days requested			\$		
Skate Canada Registration Fee (Mandatory)				\$ 35.	.00
Payable in 1 cheque f	or total or 2 cheques	(1 due at Reg + 1 pay	able Nov	1, 2103) or cash	
Chq #1	Chq#2	Cash \$		TOTAL DUE: \$	
Club Official Signature:				<u> </u>	

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 granted are pro-rated (from time of skaters registration date) less \$30.00 per skater administrative fee and the \$35.00 Skate Canada Membership fee.

Signature (Parent/Guardian):_	Date: