



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

Please Print Skater Information:			
SKATER'SNAME		PARENT'SNAME	
ADDRESS		CITY/ PC	
CONTACT# H	C		EMAIL
D.O.B	HEALTH	CARD #	SKATE CANADA #
HIGHEST CANSKATE STAGE PASSED	MEDICAL CC	ONDITION: Y	N
KIDSKATE&P/TOT (AGES 3-5)	CANSKATI	E (AGES 5 &UP)	STARSKATE
(Parent on Ice required to pay \$35.00 fee f	or Insurance)		
SUN: 12:45-1:30 PM	SUN: 1:30	0-2:15 PM	SUN: 12:45-1:30 PM
	TUES: 6:3	0-7:15 PM	
	WED: 6:30	0-7:15 PM	WED: 5:45-6:30 PM
FULL SEASON	FULLSEA	SON	FULL SEASON
OCT 15, 2014-MAR 11, 2015	OCT 15, 2	2014-MAR 11, 2015	OCT 15, 2014-MAR 11, 2015
1 DAY/WEEK=\$175.00	1 DAY/W	/EEK=\$200.00	1 DAY/WEEK=\$200.00
	2 DAY/W	VEEK=\$400.00	2 DAY/WEEK=\$400.00
	3 DAY/W	VEEK=\$500.00	, ,
Skating Package Circle above program, session & days requested			\$
Skate Canada Registration Fee (Mandatory)			\$ 35.00
Payable in 1 cheque for	total or 2 cheques(1 du	e at Reg + 1 payabl	le Nov 1, 2103) or cash
Chq #1	Chq#2	Cash \$	TOTAL DUE: \$
Club Official Signature:			·

Cheque or cash only. All NSF cheque will be subject to a\$20.00administration fee
Please bring this signed form with you to register. All skaters must be registered and payment received before entry to
the ice. 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 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.