



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 22, 2015: 6:00-8:00 PM, MERIDIAN ROOM, SEYMOUR-HANNAH

SKATER'SNAME	PARE	NT'SNAME	
ADDRESS	СІТҮ	/ PC	
CONTACT# H	C		EMAIL
D.O.B	HEALTH CARD#		SKATE CANADA #
HIGHEST CANSKATE STAGE PASSED	MEDICAL CONDITION:	Y N	
	STARSKA	TE	
	SUN: 12:45-1 WED: 5:30-6		
	FULLSEAS	SON	
	OCT 18, 2015-M	AR 9, 2016	
	1 DAY/WEEK=	\$200.00	
	2 DAY/WEEK=	\$400.00	
	3 DAY/WEEK=	\$500.00	
Skating Package Circle above: d	ays requested		\$
***Volunteer bond (Mandatory):			\$ 50.00
Skate Canada Registration Fee (Mandatory):			\$ 35.00
Payable in 1 cheque for total or 2	cheques(1 due at Reg + 1 pa	ayable Nov 1, 21	l05) 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.

Signature (Parent/Guardian):	Date:
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