



WINTER CLUB OF ST CATHARINES



RECREATIONAL PROGRAMS REGISTRATION FORM

CANPOWERSKATE'S FALL 2014 PRE-POWER PROGRAM

175 KENT ST PORT COLBORNE L3K 2Z7

www.skatewc.ca

teamwinterclub@gmail.com

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

WEDNESDAY: 5:45-6:30 PM

SEPT 10 - OCT 8, 2014

PRE-POWER IS DESIGNED FOR YOUNG SKATERS WHO CAN STAND UP ON SKATES AND MOVE FORWARD (SHUFFLE, WALK OR GLIDE) WHO MAY NOT BE READY FOR CANPOWERSKATE. PRE-POWER DEVELOPS BASIC SKATING ABILITIES IN A POWER SPECIFIC ENVIRONMENT: INCLUDING BALANCE, FORWARD AND BACKWARD SKATING, STOPPING, TURNING AND AGILITY SKILLS. OUR COACHES ARE CANPOWER CERTIFIED BY SKATE CANADA.

CSA APPROVED HELMETS, STICKS AND GLOVES ARE MANDATORY, ALL OTHER EQUIPMENT IS OPTIONAL

PLEASE COMPLETE THE FORM BELOW

SKATER'S NAME: _____ PARENT'S NAME _____

ADDRESS: _____

DOB: _____ EMAIL: _____

CONTACT # H: _____ C: _____

HEALTH CARD # _____

COST: \$65.00

MANDATORY SKATE CANADA FEE: \$35.00

PLEASE MAKE CHEQUE PAYABLE TO: WINTER CLUB OF ST CATHARINES

TOTAL DUE _____ PAYMENT RECEIVED: 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 _____