



WINTER CLUB OF ST CATHARINES RECREATIONAL PROGRAMS REGISTRATION FORM

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

Please Print Skater Information:

SKATER'S NAME _____ PARENT'S NAME _____
 ADDRESS _____ CITY/PC _____
 CONTACT #'S: H_ _____ C_ _____ EMAIL _____
 D.O.B. _____ HEALTH _____ CARD# _____ SKATE _____ CANADA# _____
 HIGHEST CANSKATE STAGE PASSED _____ MEDICAL CONDITION: Y _____ N _____

KIDSKATE&P/TOT (AGES 3-5) <small>(Parent on Ice required to pay \$35.00 fee for Insurance)</small> SUN: 12:45-1:30 PM HALF SEASON JAN 8 – MAR 5, 2014 1 DAY/WEEK=\$100.00	CANSKATE (AGES 5 &UP) SUN: 1:30-2:15 PM WED: 6:30-7:15 PM HALF SEASON JAN 8 - MAR 5, 2014 1 DAY/WEEK=\$120.00 2 DAY/WEEK=\$220.00	STARSKATE SUN: 12:45-1:30 PM WED: 6:30-7:15 PM HALF SEASON JAN 8 – MAR 5, 2014 1 DAY/WEEK=\$120.00 2 DAY/WEEK=\$220.00
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Skating Package Circle above program, session & days requested		\$
Skate Canada Registration Fee (Mandatory)		\$ 35.00
Payable in 1 cheque or cash		
Chq #	Cash \$	TOTAL DUE: \$
Club Official Signature:		

Cheque or cash only. All NSF cheque will be subject to a \$20.00 administration 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 form. 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: _____

All programs may be subject to change.