



WINTER CLUB OF ST CATHARINES RECREATIONAL PROGRAMS



175 KENT ST PORT COLBORNE L3K 2Z7

teamwinterclub@gmail.com

www.skatewc.ca

REGISTRATION: TUES SEPT 19, 2017: 5:30-7:00 PM + SUN SEPT 24, 2017: 11:00 AM-1:00 PM

SEYMOUR-HANNAH

Please Print Skater Information:

SKATER'S NAME _____ PARENT'S NAME _____

ADDRESS _____ CITY/ PC _____

CONTACT# H _____ C _____ EMAIL _____

D.O.B. _____ HEALTH _____ CARD # _____ SKATE CANADA # _____

HIGHEST CANSKATE STAGE PASSED _____ MEDICAL CONDITION: Y N _____

STARSKATE

SUN: 12:45-1:30 PM

TUES: 6:30-7:15 PM

WED: 5:45-6:30 PM

FULLSEASON

OCT 22, 2017-MAR 7, 2018

1 DAY/WEEK=\$200.00

2 DAY/WEEK=\$400.00

3 DAY/WEEK=\$500.00

Skating Package Circle above: days requested		\$
***Volunteer bond (Mandatory):		\$ 50.00
\$35.00 Skate Canada Registration Fee + \$3.00 Safe Sport Fee (Mandatory)		\$ 38.00
Payable in 1 cheque for total or 2 cheques(1 due at Reg + 1 payable Nov 1, 2107) or cash		
Chq #1	Chq#2	Cash \$
Club Official Signature:		TOTAL DUE: \$

***** Post dated cheque dated April 1, 2018. Returned upon completion of volunteer hours (5). Please see Member Volunteer Form for opportunities.**

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 from.

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 \$38.00 Skate Canada Membership fee.

Signature (Parent/Guardian): _____ Date: _____

All programs subject to change

Name: _____ Payment Received: Check _____ Cash _____

Registered for: _____

Received By: _____