



The Winter Club of St. Catharines

175 Kent St, Port Colborne L3K 2Z7, Phone (905) 641-5777 <https://skatewc.ca> teamwinterclub@gmail.com



Test Membership Form: 2018 – 2019

REGISTRATION: AUG 15, 2018 - 6:00-8:00 PM: MERIDIAN ROOM; SEYMOUR-HANNAH

Name		Last		First	
Address				City	
Postal Code		Telephone #'s (Home) - (Emergency Contact) -		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Health Card #:			E-mail Address		
Home Club: Winter Club <input type="checkbox"/>		Skate Canada Number		DOB	
Other: #				YEAR / MM / DD	
Highest Skate Canada Test Level Achieved:					
Freestyle		Skills		Dance	
				Competitive	

Sessions commence September 10, 2018 and run to March 7, 2019 (Schedules subject to change)
See Calendars at www.skatewc.ca for updated ice schedules.

FALL SCHEDULE (SEPT 10 – OCT 16, DEC 13 – 20, 2018 & JAN 6 – 10, 2019)

<u>SUNDAY</u> 11:55-1:30: Open FS & Stroking	<u>MONDAY</u> 4:30-5:50: Open FS	<u>TUESDAY</u> 4:25-5:45: Open FS	<u>WEDNESDAY</u> 4:25-6:00: Open FS & Stroking 6:55-8:15: Adult/High FS	<u>THURSDAY</u> 4:25-5:45: Open FS
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**REGULAR SCHEDULE (OCT 17, 2018 – MAR 7, 2019 (EXCEPT DEC 13 – 20, 2018: SEE ABOVE SCHEDULE)
(NO ICE SUN NOV 11, 2018)**

<u>SUNDAY</u> 11:25-12:45: Open FS	<u>MONDAY</u> 4:30-5:50: Open FS	<u>TUESDAY</u> 4:25-6:15: Open FS & Stroking	<u>WEDNESDAY</u> 4:25-5:45: Open FS 7:25-8:45: Adult/High FS	<u>THURSDAY</u> 4:25-6:15: Open FS & Stroking
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- 5 day \$1175.00
- 4 day \$1075.00
- 3 day \$ 950.00
- 2 day \$ 750.00
- 1 day \$ 400.00

Total (A) \$ _____

Indicate Days of choice

- Sunday
- Monday (Pelham)
- Tuesdays
- Wednesdays
- Thursdays

PAYMENTS

<p>Subtotal</p> <p>Skate Canada Fee (mandatory home club) \$35.00 + Safe Sport Fee - \$3.00</p> <p align="right">Total</p> <p>Volunteer Bond (mandatory for all skaters) Post dated cheque dated Apr 1, 2019. Returned upon completion of 15 volunteer hours. Please see The Winter Club of St. Catharines' Member Volunteer Form for more information.</p>	<p>\$ _____</p> <p><input type="checkbox"/> \$ 38.00</p> <p>\$ _____</p> <p><input type="checkbox"/> \$175.00</p>	<p>Registration may be paid in one of the following ways:</p> <p>One cheque for the full amount.</p> <p>Post dated cheques dated for the first of the month; Sept 1, 2018 – Feb 1, 2019 Registration must be paid in full by February 1, 2019.</p> <p>Make all cheques payable to: Winter Club of St. Catharines</p>
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For Office Use only:
Volunteer Form received:

Cheque 1 Sept 1, 2018	Cheque 2 Oct 1, 2018	Cheque 3 Nov 1, 2018	Cheque 4 Dec 1, 2018	Cheque 5 Jan 1, 20189	Cheque 6 Feb 1, 2019	Volunteer Bond Apr.1, 2019
#	#	#	#			#
\$	\$	\$	\$			\$

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 City of St Catharines, Seymour-Hannah and 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.

I also acknowledge and hereby consent to the use of above skater's name, biography and likeness on or in connection with any television or radio program, video/DVD, print media or the advertising and publicizing of any program as may be designated by the Winter Club of St. Catharines and waives all rights to remuneration or otherwise in connection with the above.

Signature of parent or applicant (if over 18 years of age)

Date _____

Harness Waiver (must be signed prior to use of the harness)

I, _____ give permission for my daughter/son, _____ to use the harness at The Winter Club of St. Catharines. I understand that neither The City of St Catharines, Seymour-Hannah or The Winter Club of St. Catharines will not be held liable for any injury that may occur while using this device.

(signature of parent)

(signature of applicant if over 18 years of age)

(print name)

(date)

Name _____ Payment Received: Check _____ Cash _____

Registered for: _____

Received By: _____