



Winter Club of St. Catharines Program Registration Form Winter Session



RECREATION



teamwinterclub	www.skatewc.ca	teamwinterclub@gmail.com
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Skater's Name (must wear CSA approved Helmet)		Circle	
		New	Returning
D.O.B.	Age	Health Card Number	
		Skate Canada Number	
Medical Condition(s) no yes _____		Previous Skating Experience No Yes _____	
Previous Skate Canada Program (name/year)	Highest CanSkate Stage Passed		Contact Numbers
Parent's Name		Home:	
		Mobile:	
Address	City	Province	Postal Code
Email (print CLEARLY)			

Policies	Initial
Liability: 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 and payment in full has been received.	
Refund: 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/skater administrative fee and the \$38.00 Skate Canada Membership fee and Safe Sport Fee. Classes canceled due to inclement weather, arena closure or other unforeseeable events are not refundable nor are makeup sessions available.	
Helmet: I understand CSA approved hockey helmets are mandatory for <u>all</u> participants in the CanSkate, StarSkate, Parent & Tot, KidSkate and Adult-Learn-to-Skate programs or any skater skating at or below a CanSkate Stage 5 level.	
NSF Cheques: All NSF cheques will be subject to a \$20.00 administration fee.	
Skate Canada & Safe Sport Fee: This \$38.00 is a mandatory fee that is charged to each skater annually (Sept.– Aug.) by Skate Canada. It insures that the skater is insured while on the ice and supports Skate Canada's safety initiatives.	
Communication: Email and Facebook are our primary sources to keep you informed of ice schedule changes and various events the Skating Club holds. Please ensure that we always have a current email address. Please add a second email address for another parent/guardian if required.	

Signature (Parent/Guardian)	Date
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~Winter Registration Continued ~

Skater's Name: _____

<input type="checkbox"/> Parent & Tot Ages 3-5		Sunday 12:45-1:30 pm October - March			
		<i>Payment Options & Totals</i>			<i>Received</i>
Program Fee	185.00	<input type="checkbox"/> Cash		\$261.00	
Skate Canada & Safe Sport Fees	Child \$38.00 Parent \$38.00	<input type="checkbox"/> Cheque	Chq#:	\$261.00	
Total		\$261.00			
Name of Parent Skating (must wear CSA Approved Helmet):					
Birthday of Parent Skating			Skate Canada Number of Parent Skating		

<input type="checkbox"/> KidSkate Ages 3-5 (no parent)		Sunday 12:45-1:30 pm October - March			
		<i>Payment Options & Totals</i>			<i>Received \$</i>
Program Fee	\$185.00	<input type="checkbox"/> Cash		\$223.00	
Skate Canada & Safe Sport Fees	Child \$38.00	<input type="checkbox"/> Cheque	Chq#:	\$223.00	
Total		\$223.00			
Comments					

<input type="checkbox"/> Adult Learn to Skate		Tuesday 6:30-7:15pm October - March			
		<i>Payment Options & Totals</i>			<i>Received \$</i>
Program Fee	\$210.00	<input type="checkbox"/> Cash		\$248.00	
Skate Canada & Safe Sport Fees	Child \$38.00	<input type="checkbox"/> Cheque	Chq#:	\$248.00	
Sub Total		\$248.00			
Comments					