

# CanPowerSkate REGISTRATION FORM

2010/2011 Season

MHSC-(403)529-0092

www.mhskatingclub.com

EMAIL US AT: [mhskate@telus.net](mailto:mhskate@telus.net)

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## Full Year Program - 20 weeks (10 weeks before Christmas and 10 weeks after)

\_\_\_ Pre/Jr CanPower - Thurs in Arena 5:15 - 6:00pm for \$250.00

\_\_\_ CanPower - Wed in Arena 6:00 - 7:00pm for \$260.00

\_\_\_ CanPower - Thurs in Arena 6:00 - 7:00pm for \$260.00

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

PH# Res: \_\_\_\_\_ Cell/Bus: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M/F

AB Health Care #: \_\_\_\_\_ Skate Canada #: \_\_\_\_\_

Email address: \_\_\_\_\_

Program Price: \_\_\_\_\_

Discount (10% for 3 family members): \_\_\_\_\_

Subtotal : \_\_\_\_\_

Paid: \_\_\_\_\_

Amount owed: \_\_\_\_\_

(All Program Prices include \$31 Skate Canada Fee and \$20 Registration Fee which is non refundable. Full hockey gear is required for all CanPower classes, including a stick. All CanPower programs are exempt from having to work a bingo.)

**Liability Waiver and Release Form:**

It is understood and agreed, as a condition of participation in skating programs offered by The Medicine Hat Skating Club and Skate Canada, that neither the Club nor Skate Canada shall be liable for any injury, loss or damage suffered by \_\_\_\_\_ while traveling to or from or while participating in skating practices, competitions or other activities however caused. The member, or his/her parent/legal guardian, who has signed this form, shall indemnify the Club and Skate Canada and hold them harmless from any claims, demands or actions arising from or in respect of such injury, loss or damage. In the event of an injury or accident, and the Medicine Hat Skating Club is unable to contact the “contact persons” on file, I/we give permission for the coaches/Club Executives to arrange for medical help. I/we agree to cover any and all expenses and costs related to the injury/accident. I agree that I am fully responsible for any outstanding amounts owed to the Medicine Hat Skating Club. \_\_\_\_\_ **Initials**

**FOIP Waiver:**

In accordance with the Freedom of Information and Privacy Act , I give the Medicine Hat Skating Club permission to publish my child’s first and last name and/or photo on arena bulletin boards, trophies, display cases, carnival programs, newsletters, newspapers, website and any other areas pertaining to the “skating world”. \_\_\_\_\_ **Initials**

**Refund Policy:**

No cancellations or refunds are given after the first 30 days of the start of the skating program (unless accompanied by a doctor’s certificate). Cancellation notification must be received in writing. A prorated refund less the \$31.00 mandatory Skate Canada Fee and a \$20 administration fee will then be issued. \_\_\_\_\_ **Initials**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you disagree with the FOIP Waiver in this document please write below what you would find acceptable or what exceptions to the FOIP Waiver you would like made for your situation and why.

This document runs in effect from Sept.1 20\_\_ to March.31, 20\_\_.

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**OFFICE USE ONLY**			
PAID BY:	CASH	CHEQUE	VISA M/C BURSARY
Cardholder Name:			
Credit Card Number:			
Expiry Date:		Receipt#	
Person taking registration:		Date:	
Volunteer Fee:	Paid: Y/N	CQ#:	VISA/MC