

CANSKATE REGISTRATION FORM

2010/2011 Season

MHSC-(403)529-0092

www.mhskatingclub.com

EMAIL US AT: mhskate@telus.net

**\$250.00 Full Year Program-20 weeks
(10 weeks before Christmas and 10 weeks after)**

PreSchool CanSkate-ages 3+

_____ Tues in Leisure Center from 5:30-6:00pm

_____ Thurs in KinII from 5:30-6:00pm

_____ Sat in main Arena from 2:00-2:30pm

CanSkate-ages 5+

_____ Tues in Leisure Center from 6:00-6:45pm

_____ Wed in main Arena from 5:15-6:00pm

_____ Thurs in KinII from 6:00-6:45pm

_____ Sat in main Arena from 1:45-2:30pm

Intermediate CanSkate

_____ Wed in main Arena from 5:15-6:00pm

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. Hockey helmets are mandatory for CanSkate-with face mask. CanSkate requires one bingo worked per family, PreSchool CanSkate is exempt from this)

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:

Cancellations must be made within one month of skaters first skating day. All cancellations must be called into the office to be valid. A prorated refund less the \$31 Skate Canada Fee and \$20 Registration 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__.

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