

**Stony Plain Skating Club – CANSKATE / GROUP STARSkate Registration: 2010/2011**

SKATER'S NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

PARENTS / GUARDIANS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ PH: HOME \_\_\_\_\_ WORK \_\_\_\_\_ which parent \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DOB: (mm/dd/yy) \_\_\_\_\_ AGE: \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

**CANSKATE**

CHOOSE DAYS:

TUES 2PM  
Stony

TUES 5:45PM  
Stony

WED  
TLC

THURS  
Stony

SAT  
TLC

SESSION		1 DAY 10 classes	2 DAYS 20 classes	3 DAYS 30 classes	PROGRAM FEES
1	Sept - Dec	\$110	\$198	\$297	
2	Jan - Mar	\$110	\$198	\$297	
1&2	Sept -Mar	\$198	\$396	\$594	

**GROUP STARSkate**

CHOOSE DAYS:

TUES  
Stony

THURS  
Stony

SAT  
TLC

SESSION	2 DAYS	3 DAYS	PROGRAM FEES
Sept - March	\$500	\$600	

**FEES \*\*2% PROCESSING FEE WILL BE ADDED IF PAYING BY CREDIT CARD**

PROGRAM FEES	RAFFLE BOOK	INSURANCE & REGISTRATION	TOTAL FEES
	+ \$50	+\$30	

**LIABILITY WAIVER AND RELEASE:**

It is understood and agreed, as a condition of participation in skating programs offered by the Stony Plain Skating club and Skate Canada, that neither the Club nor Skate Canada shall be liable for any injury, loss or damage suffered by the above-noted member 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.

The club has my permission to publish my child's name, picture and / or results for advertising, publicity, any displays and or any written acknowledgement. \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

*For Office Use Only:*

Payment: Cheque \_\_\_ # \_\_\_\_\_ GSS Bingo \_\_\_ (3 x \$75) chq # \_\_\_\_\_, \_\_\_\_\_  
 Cash \_\_\_ Raffle \_\_\_\_\_  
 Visa / MC \_\_\_ (2% processing fee will be added) Receipt # \_\_\_\_\_ Initials \_\_\_\_\_