



Sunshine Coast Skating Club

JR. ACADEMY

SKATE CANADA

Fall/Winter 2011 – 2012 Registration Form September 13th 2011 – March 30th 2012

LAST NAME		FIRST NAME		DATE OF BIRTH / / D M Y	
STREET		TOWN		POSTAL CODE	
NAME OF PARENT OR GUARDIAN		EMERGENCY CONTACT		PHONE #	
FAMILY DOCTOR		DOCTOR'S PHONE #		EMAIL ADDRESS (REQUIRED for Correspondence)	
KNOWN MEDICAL CONDITIONS (EG. ALLERGIES, ASTHMA, DIABETES ETC)		PROVINCIAL HEALTH #		SKATE CAN REG #	

	TIME	OFF-ICE	Visa/MC	5% DISCOUNT (Cash or Chq)	AMOUNT
Tuesday (Gibsons)	3:45 - 4:45 pm	5:15 - 5:45pm	\$794.00	\$756.00	\$
THURSDAY (Sechelt)	3:30 - 4:45 pm	5:15 - 5:45 pm			
SKATE CANADA REGISTRATION FEE AND INSURANCE <i>ONE TIME ANNUAL FEE NON REFUNDABLE</i>					\$ 40.00
\$40 Surcharge on all NSF Cheques				TOTAL	\$

Liability Agreement:

I, as parent/guardian of the above registered skater, agree to hold harmless, the Sunshine Coast Skating Club, their officers

or employees for any claims or injuries sustained by _____ during the skating session, on or off the ice.

Signature: _____ Date: _____

Publicity Waiver:

I hereby give my consent to the Sunshine Coast Skating Club to use the above named skaters image in the form of a photograph, videotape, likeness or any other recording or reproductions for promotional purposes without payment of any fee or charge.

Signature: _____ Date: _____

Harness Waiver:

The Sunshine Coast Skating Club consent, release and indemnification for use of jump harness.

I consent to the use of a jump harness in the teaching my child _____ ice-skating. I understand the belt will be attached to my child's waist in order to enable a skating instructor to lift my child three to five feet off the ice surface, to be pulled along and then lifted during the jump.

I fully understand that there may be other risks either not known to me or not foreseen at this time, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages that I/my child may incur as a result of my child's participation in the activity. I hereby release, discharge, and covenant not to sue the Sunshine Coast Skating Club, its respective administrators, directors, agents, officers, volunteers, employees, and/or any sponsors from all or any liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the use of the harness.

I have read and agree to the above conditions.

Signature: _____ Date: _____

All requests for refunds must be put in writing and addressed to the Board of Directors. No refunds will be given to skaters leaving on their own accord. All refunds will be at the discretion of the Board and will be pro-rated. The Skate Canada fees and insurance are non-refundable. A \$25.00 administration fee will be charged for any refund or credit. Refunds in the form of a credit voucher, transferable to family members and useable within a 1-year period, may be given for major medical conditions or injuries affecting the skater and confirmed by a physician's statement. The skater must miss a minimum of 5 consecutive registered skating days to qualify. A cash refund will only be considered for those moving off the Coast with sufficient documentation.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Office Use Only

FEES REC'D					
Cash	Chq#	Chq#	Chq#	Chq#	Credit Card
\$	\$	\$	\$	\$	\$