Sunshine Coast Skating Club
CanPower Registration Form
Fall/Winter 2010 - 2011

All areas below MUST be filled in to ensure proper registration for your child.
Please leave no blank spaces, as all information is imperative.

LAST NAME	FIRST NAME	BIRTHDATE (DAY/MONTH/YEAR)

STREET	TOWN	POSTAL CODE	PHONE NUMBER

NAME OF PARENT OR GUARDIAN	OCCUPATION	EMAIL ADDRESS (Mandatory for Club Correspondence)

FAMILY DOCTOR	DOCTOR'S PHONE NUMBER	PROVINCIAL HEALTH NUMBER

KNOWN MEDICAL CONDITIONS (EG. ALLERGIES, ASTHMA, DIABETES ETC)	IF APPLICABLE SKATE CAN REG #

RECEIVE 5% DISCOUNT WHEN PAYING BY CASH OR CHEQUE

SESSION	WEDNESDAY	PROGRAM	FEE Pay by Visa/MC	FEE 5% DISCOUNT (Cash or Chq)	AMOUNT
FALL/WINTER SEPT 29/2010 – MAR 16/2011	6:15 – 7:00	**CANPOWER JR**	$278.25	$265.00	$
	7:15 – 8:00	**CANPOWER INT**	$294.00	$280.00	$
	8:15 – 9:15	**CANPOWER ADULT**	$301.35	$287.00	$
FALL 1/2 Season SEPT 29 – DEC 15/2010	6:15 – 7:00	**CANPOWER JR**	$157.50	$150.00	$
	7:15 – 8:00	**CANPOWER INT**	$173.25	$165.00	$
	8:15 – 9:15	**CANPOWER ADULT**	$180.60	$172.00	$
SKATE CANADA (Associate Membership) REGISTRATION FEE AND INSURANCE (Valid Sept 1 to Aug 31)					$ 35.00
There is a $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: _____

Any 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**
$	**$**	**$**	**$**	**$**	**$**