

Skater's Name: \_\_\_\_\_

# Sandy Shores Skating Club

## CANPOWER

September 15<sup>th</sup> 2008 – March 11<sup>th</sup> 2009

### 2008-2009

Please select one or more of the following:

Sessions	Full Season Sept. 15 2008- Mar 13 2009	13 weeks Sept.15 2008-Dec 14 2009	11 weeks Jan 5 2009- Mar 13 2009	Amount due
<input type="checkbox"/> Wednesdays 4:45 pm – 5:30 pm 2 <sup>nd</sup> -3 <sup>rd</sup> year hockey ( 7yrs-9 yrs)	<input type="checkbox"/> 160.00 \$	<input type="checkbox"/> 100.00\$	<input type="checkbox"/> 85.00 \$	
<input type="checkbox"/> Thursdays 5:00 pm- 5:45 pm 1 <sup>st</sup> year hockey ( 6-9 yrs)	<input type="checkbox"/> 160.00 \$	<input type="checkbox"/> 100.00\$	<input type="checkbox"/> 85.00 \$	
<input type="checkbox"/> Friday 4:15 pm- 5:00 pm Experienced hockey players 3 <sup>rd</sup> yr and up ( 9yrs +)	<input type="checkbox"/> 160.00 \$	<input type="checkbox"/> 100.00\$	<input type="checkbox"/> 85.00 \$	
Skate Canada membership (mandatory for all skaters skating on SSSC Ice.)				\$ 30.00
Skaters insurance ( mandatory for all skaters)				\$ 7.00
10% discount on second & Subsequent child in the same family				

Total amount due: \$ \_\_\_\_\_

***Please note that we can no longer adjust the prices, in the event you buy the 13 week package and then decide to add the rest of the year. Both packages will be treated as separate registrations (except for the Skate Canada Membership and insurance which are good for the full year and will not have to be paid again). Please read the Skater's rule book for details on refund and withdrawals from our programs. NO refunds after Jan 5<sup>th</sup> 2009. Refunds after that date will be provided for medical reasons only and will require a doctor's note. Skate Canada membership and Insurance fees are non-refundable.***

Payment Options:

- Cash       Visa card #: \_\_\_\_\_ expiry: \_\_\_\_\_
- Mastercard # \_\_\_\_\_ expiry: \_\_\_\_\_
- Cheque(s):    Cheque #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_
- Cheque #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_
- Cheque #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Note that payments by cheque can be post-dated to the following dates:

50% of amount paid at registration.

25% payable on October 15<sup>th</sup> 2008

Balance due on December 1<sup>st</sup> 2008

**Post-dated cheques must be submitted at the time of registration. No exceptions.**

**Office use only:**

Skate Canada Receipt Number: \_\_\_\_\_

Credit Card Authorization Number: \_\_\_\_\_

**Skater's Information:**

Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Parent's Names: \_\_\_\_\_

SKATE CANADA NUMBER: \_\_\_\_\_

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Please note that all skaters must wear a helmet and gloves for all sessions. Children are not to be on the ice without a coach present.

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**Liability waiver**

I hereby absolve, indemnify, and save harmless the SANDY SHORES SKATING CLUB from any claim I may have as a result of the mentioned participation in any programs. I understand that skating, as with any sporting activities, carries certain risk. I do assume all responsibilities and hazards incidental of this activity and hereby waive all claims that I may have against the organization, and individuals, and I shall obey all rules laid out in respect of Sandy Shores Skating Club.

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

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**Medical Release**

It is Sandy Shores Skating Club policy to notify a parent when a child is in need of medical attention. Occasionally however, we are unable to contact parents and immediate help for the child is required. Please sign this consent form, so that we can take appropriate and timely action on behalf of your child. We will endeavor to take this consent with us to an emergency centre.

*I authorize a coach or person(s) in charge of Sandy Shores Skating Club to call a physician, to take my child to the nearest emergency; or summon an ambulance for emergency medical aid; should, in the opinion of the person(s) in attendance feel such services are required and I am unable to be contacted by phone. If such an emergency should arise I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of my self.*

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

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**Photography/ publicity release**

I agree that Skate Canada and its member, including Sandy Shores Skating Club, may photograph, film and/ or otherwise reproduce skater's likeness and /or voice in the course of my enrolment and participation in programs and events conducted or sponsored by Skate Canada or Sandy Shores Skating Club. I acknowledge and agree that Skate Canada or its designate will own all worldwide right, title and interest in and to the Reproductions.

I hereby irrevocably grant to Skate Canada, licensees and assigns, the right to utilize the reproductions in any and all manner and media, now known and unknown, through the world in perpetuity. I agree that the Reproductions may be edited in Skate Canada's sole discretion, and may be used with or without my name associated with them. I expressly release Skate Canada, its members, directors, agents, employees, licensees and assigns from and against any and all claims which I have or may have, whether known or unknown, for invasion of privacy, misappropriation of personality, defamation or any other cause of action arising out of the use of the Reproductions.

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