

RENFREW SKATING CLUB

P.O. Box 872 Renfrew, Ontario K7V 4A6

Name of Skater: _____ Male/Female

Date of birth: _____ Age: _____

Address: _____ Postal Code: _____

Township: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: Name: _____ Phone: _____

Does your child suffer from allergies: _____

Does your child carry an epipen? YES / NO Health Card Number: _____

Does your child have special needs? _____

The Renfrew Skating Club may use photos for publicity, such as the website and newspaper to generate awareness of our sport and acknowledge skaters achievements. Unless you circle "OPT OUT", we may include your skater's name and image.

"OPT OUT"

CanSkate (1 hour - 21 Week program) - \$295

CanSkate will run 5:35 PM - 6:25 PM and 6:30 PM – 7:20 PM – choice of time is on first come/first served basis]

Advanced CanSkate (2 hours – 21 Week program) - \$450

Intermediate (2.5 hours – 21 week program) - \$450

Senior (Additional fees for all lessons – 5 hours - 21 week program) - \$450

All prices include HST and a \$36.00 non refundable Skate Canada fee.

All programs will run based on numbers.

Refund Policy: Please note that refunds will be given until November 1st, 2018 and will be subject to an \$85 administration fee. No refunds will be given after November 1st, 2018.

Waiver: The applicant acknowledges that participation in a skating program involves certain risks and may result in an injury, other than the above disclosures in the application. The applicant declares to be in proper physical condition and in good health to participate in the program. The applicant hereby waives all claims, right or courses of action against the Renfrew Skating Club, it's officers, Directors, Coaches or Members for personal injury or loss of property of any nature or kind, however or whenever sustained. The skating committee or professionals have my permission to seek the necessary hospital, medical, surgical or dental treatment and to perform First Aid in case of an accident.

Signature of Parent/Guardian: _____ Date: _____

For office use:

Registration received for:	CANSKATE 5:35PM	CANSKATE 6:30 PM	ADVANCED CANSKATE
	INTERMEDIATE	SENIOR	

Amount received: \$ _____ Cash _____ Cheque No _____