

Renfrew Skating Club

CanPowerSkate Registration Form

P.O Box 872 Renfrew, Ontario K7V 4A6

Name of skater: _____ Male/Female

Date of Birth: _____ Age: _____

Address: _____ Postal Code: _____

Township: _____

Mother's name: _____ Phone Number: _____

Father's name: _____ Phone Number: _____

Emails: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: _____

Does your child suffer from allergies? _____

Does your child carry an epipen? _____

Does your child have any special needs? _____

Please circle the level your child will be playing during the 2018-2019 season.

Ringette	U7	U8	U10	U12	U14A	
Hockey	IP (2nd or 3rd year only)	Novice __ House __ Rep	Atom __ House __ Rep	Peewee __ House __ Rep	Bantam __ House __ Rep	Midget __ House __ Rep

Fees & Schedule

1 hour per week for 10 weeks, 2 ten week sessions will be offered - \$150 per session

Sundays 5-5:50pm: Ringette U7, U8, U10, Hockey IP & Novice - **Level 1**

Mondays 3:30-4:20: Ringette U12, U14A, Hockey Atom and up - **Level 2**

All skaters in our Power Skate Program MUST wear full hockey or ringette gear to participate

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 a \$50 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:

CANPOWERSKATE Level 1

CANPOWERSKATE Level 2

Amount received: \$_____ Cash _____ Cheque No _____