



KEMPTVILLE SC FALL - WINTER 2017/18 REGISTRATION

PO BOX 1106, Kemptville ON K0G 1J0, www.kemptvilleskatingclub.com, kemptvilleskatingclub@hotmail.com



PRECANSKATE / CANSKATE

September 13, 2017 to March 28, 2018

SKATER INFORMATION NEW RETURNING Badge Acquired (if known) _____

Skater Last Name: _____ Skater First Name: _____

Birthdate:(dd/mm/yyyy) / / Gender: _____ Skate Canada #: _____

Mailing Address: _____ City: _____ Postal Code: _____

Email Address*: _____

Medical Concerns: No Yes Nature of medical concern (e.g. allergy, asthma.) _____

Contact Information

Parent/Guardian Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Our club would not run without volunteers. Are you willing to help by volunteering? No ___ Yes ___ willing to help with...

___Canskate Liason ___AdvCan Liason ___Test Days ___Executive ___Music

Schedule and Fees Session Dates - Sept 13 to Mar 28

PreCanskate - 30 minute sessions once/week for ages 3-4 year olds, no skating experience:

..... choose one day

Sun (1:50 - 2:20pm) Wed(6:00 - 6:30pm) \$260 \$

Please note, if during the session the coach recommends a skater advance to CanSkate and the parent agrees, there will be a change in schedule and a fee increase.

Canskate - 50 minute sessions once/week for 5+ year olds with no or some skating experience

Wed (6:00 - 6:50pm) \$360 \$

Skate Canada Fee **\$35.64**

Admin Fee **\$60.00**

Late Fee will apply (for returning skaters only) after session begins, \$50 \$

Discounts - PA Credit \$___ Family(3+) \$50, only 1 can claim): \$()

TOTAL DUE \$

Please Make Cheques payable to: KEMPTVILLE SKATING CLUB

Note: An NSF fee of \$25 will be charged for all returned cheques

Payment Must Accompany Signed Forms

NOTE: (1) One payment due by Sept 10, 2017 or (2) Two cheque payments dated Sept 10 & Oct 1, 2017

Administration Use only Cheques Cash \$ _____ Received by: _____ Cheque #: _____ Dates: _____ Amount \$: _____

PHOTO/VIDEO RELEASE: Pictures or videos of registered skaters may be used in club advertising, training and/or promotion: Yes ___ No ___ Parent's Initials _____

WAIVER: The applicant acknowledges that participation in a skating program involves certain risks and may result in an injury. Other than the disclosure on this registration form, the applicant declares to be in proper physical condition and in good health to participate in these skating sessions. The applicant hereby waives all claims, rights, or causes of action against the Kemptville Skating Club, its officers, directors, employees, coaches or members, for personal injury or loss of property of any nature or kind, however or whenever sustained. _____(Initial)

*Canada's Anti-Spam Legislation took effect on July 1, 2014. This legislation requires us to have your explicit consent to continue communicating with you electronically.

Do you give consent for us to contact you throughout the skating year (Sep 2017-Mar 2018) for KSC business and information only: Yes ___ No ___

Date:(dd/mm/yyyy) / / Parents Signature: _____