



# Stouffville Skating Club Registration 2011 - 2012

Please complete one form per skater

Skater's Name: \_\_\_\_\_ Sex: M or F  
(First) Middle (Last)

Parents' Full Names: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*Important dates, cancellations and event announcements are circulated to parents via email.*

Date of Birth: \_\_\_\_\_ Skate Canada # \_\_\_\_\_  
(DD/MM/YYYY)

Program	Tuesday	Thursday	Friday	Saturday	Amount
<b>PreCan Skate Fall</b> <b>\$195.00</b> Fall (Sept. - Dec.) <b>\$195.00</b> Winter (Jan. - Apr.) <b>OR * New this Year *</b> <b>\$375.00</b> Full year (Sept.-Apr.)	5:45 pm - 6:15 pm			10:15 am - 10:45am  11:45am - 12:15 pm	_____
<b>PreCan Full Year</b> <b>\$375.00</b>		6:35 pm- 7:05 pm <i>With Canskate</i>			_____
<b>CanSkate Full Year</b> <b>\$395.00</b>	6:25 pm - 7:15 pm	6:35 pm - 7:25 pm <i>With PreCan</i>	6:25 pm - 7:15 pm	9:25 am - 10:15 am  10:55 am - 11:45 am	_____
<b>CanSkate Plus a Day</b> <b>\$225.00</b> <i>circle the appropriate session</i>	6:25 pm - 7:15 pm		6:25 pm - 7:15 pm	9:25 am - 10:15 am  10:55 am -11:45 am	_____
<b>Powerskating \$210.00</b> <b>Fall</b> (Sept. - Dec.) <b>Winter</b> ( Jan. - Apr.)				12:25 pm- 1:15pm	_____
	<b>Less Family Discount : 3 skaters \$50.00; 4 or more skaters \$100.00</b>				
<b>Post Dated Cheq Fee: \$25.00</b>	<b>Divide Total Fees due by 3 and date cheques: Sept. 1/11, Nov. 1/11 &amp; Jan. 1/12</b>				
	<b>TOTAL FEES DUE ( Includes Skate Canada fee)</b>				<b>\$</b>

### PLEASE RETAIN COPY FOR FITNESS TAX CREDIT PURPOSES

**Payments:** Cheque (payable to Stouffville Skating Club), Visa, MasterCard or Cash:

**Credit card#** \_\_\_\_\_ **Expiry Date:** MM/YY \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

A \$25.00 charge will be applied to all NSF cheques. Please visit our website to review our refund policy

**Photo Release:** I authorize the Stouffville Skating Club to take photos/video of the above listed participant at their program for publicity and promotion purposes only. **Parent or Guardian Signature : X** \_\_\_\_\_

**Release:** I hereby release the Stouffville Skating Club and its representatives from all claims for damages arising from any accidents or injury which are caused by or arise from participation by the applicant or loss of the participant's property, howsoever caused. Permission is granted to the Stouffville Skating Club or its representatives to transport my child to a local doctor or hospital for medical treatment if necessary.

**Parent or Guardian Signature : X** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Club Officer Name & Title:** \_\_\_\_\_