

# Stouffville Skating Club Registration 08/09

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)

Fee	Program	<a href="http://www.stouffvilleskate.com">www.stouffvilleskate.com</a>	Amount
\$ 220	Power Skate Fall	Monday: Sept to Dec 2008	\$ _____
\$ 220	Power Skate Winter	Monday: Jan to Apr 2009	\$ _____
\$ 495	CanSkate Plus-A-Day	Tuesday and Friday: Sept 08 to Apr 09	\$ _____
\$375/\$350	CanSkate	Tuesday (\$375), Thursday (\$375) or Friday (\$350) (circle preferred day of week)	\$ _____
\$ 180	Precan Skate Fall	Tuesday or Thursday: Sept to Dec 2008 (circle preferred day of week)	\$ _____
\$ 180	Precan Skate Winter	Tuesday or Thursday: Jan to Apr 2009 (circle preferred day of week)	\$ _____
\$50 / \$100	Less: Family Discount	3 skaters = \$50, 4 or more skaters = \$100	\$ _____
\$25	Post Dated Cheque Fee	Divide Total Fees Due by 3 and date September 1/08, November 1/08 & January 1/09	\$ _____
	<b>TOTAL FEES DUE</b>	Sum Above (Above fees include \$30 Skate Canada Fee.)	\$ _____

**PLEASE TAKE 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. Refunds will not be issued if skater participates on more than two sessions.**

**A \$50.00 administration charge will be applied for any program withdrawal.**

**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. I have read and signed the Stouffville Skating Club Code of Conduct available on the SSC website.

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

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