

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	www.stouffvilleskate.com	Amount
\$ 915	Senior	Monday, Tuesday, Thursday & Friday	\$ _____
\$ 735	Intermediate	Monday, Thursday & Friday	\$ _____
\$ 295	Monday Morning	Monday 7:10 to 8:30 am	\$ _____
\$ 545	Junior	Tuesday & Thursday	\$ _____
\$ 675	Junior Plus-A-Day	Tuesday, Thursday & Friday <small>(to qualify skater must have passed one Skate Canada test)</small>	\$ _____
\$ 395	Adult	Monday Morning 9:10 to 10:00 am	\$ _____
\$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	\$ _____
	TOTAL FEES DUE	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 _____