

Stouffville Skating Club REGISTRATION

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	Summer Program	Week:	Amount
\$100.00	Group A—Jr. Silver, Sr. Silver & Gold	August 16-20	\$ _____
\$100.00	Group A	August 23-27	\$ _____
\$95.00	Group B—Preliminary, Jr. Bronze & Sr. Bronze	August 16-20	\$ _____
\$95.00	Group B	August 23-27	\$ _____
\$35.00	Skate Canada Registration	Re: New members to SSC (This will be refunded if the skater signs up in the Fall, with SSC)	\$ _____
	TOTAL FEES DUE		\$ _____

RECEIPT FOR TAX 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.

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 _____