

PO Box 85 Grimsby, ON

L3M 4G1

# **GRIMSBY SKATING CLUB**

**REGISTRATION FORM 2023-2024** 

Last Name	•			First Na	me:			
Skate Cana						er then GSC)		
Address:		<u>.</u>				Male:	Female:	
					Destal C			
Town/City					Postal C	ode:		
Telephone	#:				Date of	Birth: D:	M:Y:_	
Email Addı	ress:				Last Bad	ge Passed:		
How did ye	ou hear about us?:	Friend/F	amily	Website	New	/spaper	Leisure Guide	
(Ple	ease Circle)		Faceb	ook Inst	tagram	Otl	ner:	
Pleas	e indicate if there a	are any mee	dical cond	litions that may li	mit your c	hild's partici	pation in our pro	grams:
Pleas	e indicate if there a		_				pation in our pro	grams:
·····	e indicate if there a		ase check			elow***	pation in our pro	grams:
·····		***Plea	ase check	ICE SCHEDULE		elow***		grams:
·····	Mondays	***Plea	ase check	ICE SCHEDULE the appropriate s Thursdays		elow***	Saturdays	grams:
/	Mondays Pre-Canskate	***Plea	ase check	ICE SCHEDULE the appropriate s Thursdays STARSkate		elow***	Saturdays Pre-Canskate	grams:
/	Mondays Pre-Canskate Parent & Tot	***Plea	ase check 5:20-6:05	ICE SCHEDULE the appropriate s Thursdays STARSkate Pre-Canskate		elow***	Saturdays Pre-Canskate Parent & Tot	grams:

Half Season (12 weeks) Mid September January Mid September January Mid September January To Late December To Late March To Late December To Late March To Late December To Late March

Program	Half	Full	2 Day Full	3 Day Full	Total
Pre-Can/Canskate	\$240	\$420	\$675	\$755	
Parent & Tot *includes parents membership fee	\$300	\$500	\$735	\$815	
STARSkate	n/a	n/a	\$720	\$830	
Skate	Canada Sa	fe Sport F	ee & Skate	Ontario Fee	\$8.00
	Skate Cana	ada Memi	ership Fee	(per skater)	\$52.00

unteer. Bond only required for StarSkate Level skaters in the amount of \$150 dated March 31/24 Total Due \*All cheques/cash must accompany registration form including the volunteer bond

**Y**:

50% must be paid in full at time of Registration - the balance is due by 1 postdated cheque - 50% postdated for November 15, 2023

We reserve the right to move skaters if sessions are full. Preference given to full package skaters. Sessions subject to change.

are	ent	&	To	Ì.
	-	_	-	_

Parent Name:	 Parent Skate Canada #:
	Parent Address (if different than skaters):

Parent Date of Birth: D:\_\_\_\_\_ M:\_\_\_\_

### \*ALL SKATERS UP TO CANSKATE LEVEL 6 MUST WEAR A CSA-APPROVED HOCKEY HELMET\*

Note: Parents must be in skates at all times, and must be comfortable and confident in their skating ability. Due to insurance purposes, only the registered parent can skate with their child each week.

	O	FFICE USE ONLY	
DEPOSIT (50%)	\$	Cheque#	E-TRANSFER DATE:
BALANCE (50%)	\$	Cheque#	E-TRANSFER DATE:
VOLUNTEER BOND	\$150	Cheque#	(only for StarSkate Level Skaters)
E-TRANSFERS ACC	CEPTED WHEN SENT TO:	info@grimsbys	katingclub.com
PASSWO	DRD:	skating	
			Turn ove

#### RELEASES

#### \_, CONSENT TO (SKATERS NAME) \_\_\_\_\_

PARTICIPATING IN THE ACTIVITIES OF THE GRIMSBY SKATING CLUB AND HEREBY RELEASE AND FOREVER DISCHARGE THE GRIMSBY SKATING CLUB AND ITS AGENTS, BEING ALL COACHES, DIRECTORS, OFFICERS, VOLUNTEERS, MEMBERS, STAFF SUCCESSORS AND/OR ASSIGNEES OF AND FROM ALL CLAIMS, DAMAGES, ACTIONS OR CAUSES OF ACTION ARISING BY REASON OF PARTICIPATION OF (SKATERS NAME) IN SKATING OR OTHER CLUB ACTIVITIES AND FROM ALL CLAIMS OR DEMANDS WHATSOEVER IN LAW OR IN EQUITY WHICH I, MY HEIR, EXECUTORS, ADMINISTRATORS OR ASSIGNEES CAN, SHALL OR MAY HAVE BECAUSE OF SUCH PARTICIPATION

(SIGNATURE OF PARENT/GUARDIAN)
--------------------------------

(SIGNATURE OF SKATER IF 18 OR OVER)

(PRINT NAME)

I, \_\_

I, \_\_\_

(DATE)

## PUBLICATION

\_\_\_\_\_, GIVE PERMISSION FOR MY CHILD (SKATERS NAME) \_\_\_\_

TO HAVE THEIR PHOTOGRAPH TAKEN AND TO HAVE THEIR NAME AND LIKENESS PUBLISHED IN LOCAL MEDIA, CLUB SOCIAL MEDIA/WEB SITE, CLUB BULLETIN BOARDS AND/OR NEWSLETTERS AND IN ANY SKATE CANADA PUBLICATIONS IN RECOGNITION OF THEIR PARTICIPATION AND ACCOMPLISHMENTS AT THE GRIMSBY SKATING CLUB.

(SIGNATURE OF PARENT/GUARDIAN)

(SIGNATURE OF SKATER IF 18 OR OVER)

(PRINT NAME)

(DATE)

## **REFUND POLICY**

#### FIRST TIME NEW SKATER (PARENT& TOT/PRECANSKATE):

DURING THE FIRST 3 WEEKS, A PARENT MAY REQUEST A REFUND FROM ANY BOARD MEMBER AT THE CANSKATE TABLE DURING YOUR SESSION. ALL FEES LESS THE SKATE CANADA/SKATE ONTARIO FEES WILL BE REFUNDED. AFTER 3 WEEKS, PLEASE SEE BELOW

#### ALL OTHER GRIMSBY SKATING CLUB MEMBERS:

FEES WILL NOT BE REFUNDED IF A MEMBER LEAVES THE CLUB, UNLESS IT IS FOR A MEDICAL REASON. AN EMAIL TO THE GRIMSBY SKATING CLUB REQUESTING A REFUND WITH A DRS NOTE WILL BE REQUIRED. REFUNDS WILL BE PRO-RATED AND A \$25.00 ADMINISTRATION FEE WILL APPLY. SKATE CANADA AND SKATE ONTARIO FEES WILL NOT BE RETURNED UNDER ANY CIRCUMSTANCES

(SIGNATURE OF PARENT/GUARDIAN)

(SIGNATURE OF SKATER IF 18 OR OVER)