



## 2022/23 CANSKATE FALL/WINTER REGISTRATION FORM

Last Name:		First Name:			Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Date of Birth (D,M,Y):		Telephone #:			Skate Canada #:			
Address:		City:			Postal Code:			
Email Address:					Parent's Name:			
Policies								Initials:
<b>Liability:</b> The Wainfleet Skating Club assumes no responsibility for any accident loss or injury that may arise from any cause during skating programs.								
<b>Refunds:</b> Refunds will not be granted after the 4 <sup>th</sup> week of programming unless a medical certificate is received. All refunds will be pro-rated (from the time of the skaters registration) less a \$30 admin fee, the Skate Canada Fee.								
<b>Helmets:</b> I understand that CSA approved hockey helmets are mandatory for all participants in the Canskate program that have not completed the Stage 5 level.								
<b>Skate Ontario Concussion Policy:</b> In accordance with Skate Ontario, I have read the Skate Ontario Policy and completed and signed the attached disclaimer.								
<b>Communications:</b> Email and Facebook are our primary sources for communications to keep you informed of ice schedule changes, cancellations and various events. Please ensure we have a current email address.								
<b>Publicity:</b> I give my permission for my child to be included in photographs/videos which may be used for publicity purposes in media, website, bulletins, newsletters of the Wainfleet SC and that their full name may be included to recognize their participation and or accomplishments at the Wainfleet SC.								
<b>SESSION TIMES:</b>					<b>SESSION FEES:</b>			
<input type="checkbox"/>	Mondays 5:10 – 5:55 Includes 10 min warm up, 30 min instruction 5 min cool down				<input type="checkbox"/>	One day		\$ 365
<input type="checkbox"/>	Saturdays 10:20-11:05 Includes 10 min warm up, 30 min instruction 5 min cool down				<input type="checkbox"/>	Two Days		\$ 440
Session Fee	\$	<b>PAYMENT OPTIONS: LATE FEE \$25 after Oct 10, 2022</b>						
Skate Canada Fee	\$ 45.00	<input type="checkbox"/> Monthly payment ÷ 6 months				Total per month	\$	
Lottery Book****	\$40.00	<input type="checkbox"/> Etransfer or cash due by first of every month				<input type="checkbox"/> Cheques rec'd		
Minus Credits (multi child)	\$	OCT	NOV	DEC	JAN	FEB	MAR	
<b>Total Due</b> \$	Fundraising Ck# Dated April 1, 2021 #				\$200.00			
*** 1 Lottery book mandatory per family BOOK # Provided _____								