

# INNISFIL SKATING CLUB – MEMBER REGISTRATION FORM

SKATER'S INFORMATION					
Last Name:			First Name:		
Membership Number:		Club Number: 1000444	DOB (d-m-yy) / /	Age:	Gender: M / F
Email Address:		Home Phone:		Cell/Work Phone:	
Street Address:					
City:		Prov:	Postal Code:		

IN CASE OF EMERGENCY	
Parent/Guardian Last Name:	First Name:
Email Address:	
Home Phone: (    )	Cell/Work Phone: (    )
Relationship to Skater:	

SKATER'S PROFESSIONAL COACH(ES):
Name(s):

SKATER'S HIGHEST TEST LEVEL COMPLETED			
CanSkate Badge:	Dance:	Skills:	Free Skate:

SCHEDULE & FEES					
Session (circle one)	Monday	Wednesday	Saturday	# Sessions	Session Cost
Precan			9:05-9:50 STROUD	17 Sessions	\$350.00
Canskate		5:55-6:40 IRC	9:05-9:50 STROUD	43 Sessions	\$430.00
Junior		6:40-8:05 IRC	11:00-12:45 STROUD	44 Sessions	\$720.00
Senior	6:00-7:20 STROUD	4:15-5:45 IRC	7:30-8:55 STROUD	66 Sessions	\$950.00

## PAYMENT:

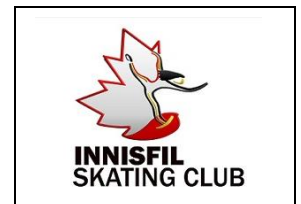
Amount due for this skater: \$ \_\_\_\_\_

– Family discount (if applicable): \$ \_\_\_\_\_

+ Skate Canada Membership (if applicable): \$ 40.00

+ Fund Raising (Mandatory up to 2 Skaters) \$ 60.00

= Total Due: \$ \_\_\_\_\_



Payment Method (circle one):      Cheque      Cash      Visa      MasterCard

Credit Card # \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_ CVS: \_\_\_\_\_

Full Name as it appears on card (please print): \_\_\_\_\_

Cheques:      Deposit      \$ \_\_\_\_\_      CHQ # \_\_\_\_\_

                  Oct 5/16      \$ \_\_\_\_\_      CHQ # \_\_\_\_\_

                  Nov 5/16      \$ \_\_\_\_\_      CHQ # \_\_\_\_\_

                  Dec 5/16      \$ \_\_\_\_\_      CHQ # \_\_\_\_\_

Signature of Parent / Guardian (for skaters under 18) \_\_\_\_\_

# INNISFIL SKATING CLUB – MEMBER REGISTRATION FORM

## Terms, Conditions & Publicity Waiver

In consideration of accepting the above mentioned child, I grant permission for him/her to participate in the Innisfil Figure Skating program. For the same consideration, I hereby release *and forever discharge the Innisfil Figure Skating Club, it's executive, and the Corporation of the Town of Innisfil* of and from all claims, demands, actions or causes of action arising *by Reason of my child's participation in the Innisfil Figure Skating Club program in this or any successive year, including (but not limiting the generality of the foregoing) any and all dental and medical bills, and further of and from all claims or demands whatsoever in law or equity which I, my heirs, executors, and administrators or assigns can, shall, or may have by reason aforesaid.* There will be a \$25 charge for all NSF/Returned cheques. Failure to sign this release will result in rejection of membership. It is understood and accepted that the regular skating schedule may be changed from time to time, as needs arise. The regular skating season runs from October to March. I further agree to abide by all Rules, Regulations, Constitution and By-laws of the Innisfil Figure Skating Club in this or any successive years of participation. Photo Release Often, newspapers, TV channels and other forms of media visit the club for various events and occasions. Innisfil Figure Skating Club also likes to keep members updated with recent news and events online were recipients and achievements may have their photos posted. By signing this form parents/guardians give permission for their child to be photographed or appear in group photographs solely for the representation of the Innisfil Figure Skating Club. If you do not want your child photographed to be used under any circumstances please check the box and advise a club administrator who will make this request known to the coaching staff.

PLEASE CHECK ONE OF THE FOLLOWING BOXES:

*My child's photograph can be used*

*My child's photograph is not to be used*



---

**Child's Name (Please Print)**

---

**Parent/Guardian Signature**

---

**Date**