CAMBRIDGE SKATING CLUB

Group Programs Registration Form – FALL & WINTER 2018/2019

(Parent & Tot, Pre-CanSkate, CanSkate & Pre-PowerSkate)

Phone: 519-623-8404 Fax: 519-623-7858
Website: www.CambridgeSkatingClub.com E-mail: CambridgeSkatingClub@gmail.com

Skater's Name	Date of Birth: D/ M/ Y/ M / F
Address	Health Card # Age
City	Guardian's Name:
Postal Code	Permission to send club information **ONLY** to E-mail:
Phone # Home/Cell/Work	Skate Canada #

Please complete ALL sections above

NOTE: The Cambridge Skating Club reserves the right to revise and/or cancel any program with insufficient numbers.

A parent and/or guardian MUST remain at the arena with any child up to and including age 10.

PROGRAM OPTIONS: Please circle program, day and time you are requesting

PROGRAM	SKATING TIME	FALL / WINTER (Start Dates)	COST (Per Session/Both)	Fee Payable		
				Fall	Wint	Both
Pre-CanSkate	Wed. 5:20 – 5:50	Sept 26 (F) / Jan 16 (W)	$140 or $280 (both)			
Pre-CanSkate	Friday 6:20 – 6:50	Sept 28 (F) / Jan 18 (W)	$140 or $280 (both)			
Pre-CanSkate	Sat. 11:40 – 12:10	Sept 29 (F) / Jan 19 (W)	$140 or $280 (both)			
AM Pre-CanSkate	Sat AM 9-9:30	Jan 26 (Winter session)	$140	N/A		
AM Parent & Tot	Sat AM 9-9:30	Jan 26 (Winter session)	$176 (incl. parent ins.)	N/A		
CanSkate	Wed. 5:10 – 6:00	Sept 26 (F) / Jan 16 (W)	$190 or $380 (both)			
CanSkate	Friday 6:10 – 7:00	Sept 28 (F) / Jan 18 (W)	$190 or $380 (both)			
CanSkate	Sat 11:30 –12:20	Sept 29 (F) / Jan 19 (W)	$190 or $380 (both)			
Pre-PowerSkate	Mon. 5:30 – 6:20	Sept 24 (F) / Jan 14 (W)	$190 or $380 (both)			
ADULT Skate						
CanSkate	Mon 5:30 – 6:20	Sept 24 (F) / Jan 14 (W)	$190 or $380 (both)			
Can / STAR Skate	Sat AM 8:10 – 9:00	Sept 29 (F) / Jan 26 (W)	$190 or $380 (both)			
FUNDRAISING (1 book per CS family)	NOTE: any renewal in 2019 will be treated as a new member and will include the purchase of additional book of fundraising tickets		Skater's Promotional Tickets Book #			**$40**
			SUB-TOTAL of above			
Registration Discounts	**LESS** $40, if registering & paying for **TWO** sessions in Sept.			xxx	xxx	-$40
	LESS $20, if renewing & paying registration by Dec.15th			xxx	-$20	xxx
Cheques made payable to:Cambridge Skating Club (or CSC)			**TOTAL PAYABLE**			

To maximize your child's skating experience, please let us know if your child has any health, learning or behavioural challenges that we should be aware of? _____

_____

Guardian's Printed Name _____Guardian's Signature _____

Your signature gives the Cambridge Skating Club authorization to photograph your child (ren) for club promotional purposes only.
Waiver: I acknowledge that the Cambridge Skating Club and its directors or professional coaches will not be held responsible or liable for any accident or loss, however, caused, and agree to release the Cambridge Skating club from all damages or claims which may arise as a result of such accidents or loss. I hereby give permission to seek out any medical assistance my child (or adult) may require while attending the program. I agree to the Cambridge Skating Club Code of Conduct. Please see the CSC office for refund policy.

OFFICE USE ONLY								
Date rec'd	Amount	Cash/Chq#	Cheque date		Date rec'd	Amount	Cash/Chq#	Cheque date