CAMBRIDGE SKATING CLUB

2018/2019 PowerSkate Registration Form

Cambridge Skating Club, P.O. Box 307, Cambridge, Ont. N1R 5T8
Phone: 519-623-8404 Fax: 519-623-7858
Website: www.CambridgeSkatingClub.com E-mail: cambridgeskatingclub@gmail.com

Please complete ALL sections below

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

PROGRAM OPTIONS: Please circle program session you are requesting

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	SKATING TIME	Session (6 weeks each)	COST (Per Session)	FEES PAYABLE
PrePowerSkate	Please refer to Group Programs registration form			
PowerSkate I & II	Mon. 4:40 – 5:30 NOTE: **new time**	Sep 17 to Oct 29 (F#1) Nov 5 to Dec 10 (F#2) Jan 7 to Feb 11 (W#3) Feb 25 to Apr 1 (W#4)	$145 First Session	
PowerSkate I & II	Mon. 4:40 – 5:30 NOTE: **new time**	Sep 17 to Oct 29 (F#1) Nov 5 to Dec 10 (F#2) Jan 7 to Feb 11 (W#3) Feb 25 to Apr 1 (W#4)	(Renewals only) $115 Each Additional Session Discounted	
Cheques made payable to: Cambridge Skating Club (or CSC)			**TOTAL PAYABLE**	

To maximize your child's skating experience, does your child have any health, learning or behavioural challenges that we should be aware of? _____ _____

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Parent's Printed Name _____Parent'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 form 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 (payments received by:)								
Date rec'd	Amount	Cash / Chq#	Cheque date		Date rec'd	Amount	Cash / Chq#	Cheque date