

OAKBANK SKATING CLUB 2011 POWERSKATING REGISTRATION

OAKBANK COMMUNITY CLUB MEMBERSHIP # _____ NEW MEMBER? _____

NAME OF SKATER: _____

Gender: M or F Birth Date: Month _____ Day _____ Year _____ Current Age _____

Medical Information: MHSC (6 digit) _____ PHIN (9 digit) _____

Medical Concerns : _____

PARENT/GUARDIAN INFORMATION: (Please print)

Parent(s)/Guardian(s): _____

Mailing Address: _____

Postal Code: _____ Phone: _____ Cell: _____

Email Address: _____

2011 SESSION OPTIONS:

All sessions are 10 weeks and run on Tuesdays from October 11– December 20, 2011 (No lessons on November 1st)

Please circle your choice:

LEVEL 1: (6:00 – 6:30 pm – must have passed CanSkate Level 3 and/or completed one year of Squirts hockey)\$130

LEVEL 2: (6:00 – 6:30 pm – must have passed Level 1 PowerSkating and/or be registered for 1st year Novice hockey)\$130

LEVEL 3: (5:15 – 6:00 pm - must have passed Level 2 PowerSkating and/or be registered for 2nd year Novice hockey)\$150

Additional criteria may be required. All participants must be in full hockey/ringette gear. Costs include all registration and insurance fees with Skate Canada.

METHOD OF PAYMENT:

Cash payments for total program costs (only accepted at In-Person Registration)

Cash Amount: _____

Cheque for total amount at time of registration, OR 50% of total at time of registration and balance due on October 11, 2011:

Date of Registration Cheque # _____ Amount: _____

October 11, 2011 Cheque # _____ Amount: _____

I agree that the personal information contained on this form may be used by Skate Canada, Skate Canada-Manitoba Section, and by their constituent skating clubs for the purposes of offering skating information and providing and administering skating programs (including, but not limited to, instruction, testing, competitions, seminars, and meetings).

Signature: _____ X

Members participating in Club activities do so at their own risk. The Oakbank Skating Club, its directors, and its employees shall not be held liable for any mishaps or accidents that may occur while participating in approved Club activities. Final decisions of on-ice capabilities will reside with the Head Coach. Refunds issued for medical reasons only, doctor's certificate is required. I agree to the enrollment of my child in the program indicated above, and agree to the above terms and conditions.

Signature: _____ X Date: _____

Name: (Please Print) _____