

OAKBANK SKATING CLUB 2011-2012 PROGRAM 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 – 2012 PROGRAM OPTIONS:

All programs run on Tuesdays from October 11– December 13, 2011 & January 10– March 13, 2012

No lessons are held over the Sunrise School Division Christmas Break

Please circle your choice:

KIDSKATE: (4 & 5 year olds - possibly w/adult, 30 minutes per week, 20 weeks)\$210

CANSKATE: (6+ years, 45 minutes per week, 20 weeks)\$210

GROUP STARSKATE: (60 minutes per week including all coaching costs, 20 weeks)\$315

STARSKATE: (2 hours per week, coaching costs not included, 20 weeks)\$315

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

Beginning skaters under the age of 8 years must wear a helmet. 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) _____