



CANSKATE REGISTRATION FORM 2011 - 2012

SKATE CANADA
COCHRANE SKATING CLUB

SKATER INFORMATION		
NAME	MALE/FEMALE	
ADDRESS	CITY	PC
PHONE # - HOME	WORK	CELL
BIRTH DATE (D/M/Y)	AGE	
PARENT/GUARDIAN		
EMAIL ADDRESS		
ALLERGIES/MEDICAL CONDITIONS	ALBERTA HEALTH CARE #	
FAMILY PHYSICIAN	PHONE #	
PREVIOUS SKATING LEVEL PASSED	SKATE CANADA #	
PROGRAM INFORMATION – Please check off your choices under preferred session and day skating if only skating 1x/week. All 2x/wk choices will run Tuesday and Thursday.		
PREFERRED SESSION	DAY SKATING (if only 1x/wk.)	TOTAL
<ul style="list-style-type: none"> <input type="radio"/> Full Season - 2x/week – Tues./Thurs. - \$600.00 <input type="radio"/> Full Season – 1x/week - \$375.00 <input type="radio"/> Session 1 Oct 4–Dec 15 = 2x/week T/Th. - \$375.00 <input type="radio"/> Session 1 Oct 1–Dec 17 = 1x/week - \$220.00 <input type="radio"/> Session 2 Jan 10–Mar 29=2x/week T/Th. - \$375.00 <input type="radio"/> Session 2 Jan 10–Mar 31 = 1x/week - \$220.00 	<ul style="list-style-type: none"> <input type="radio"/> Tuesday <input type="radio"/> Thursday <input type="radio"/> Saturday 	
	Skate Can. Fee (mandatory)	+ \$32.00
	Subtotal	
Terms: cheques payable to Cochrane Skating Club. All payments must be <u>received in full</u> by Sept. 23, 2011 for Session 1, Dec. 17, 2011 for Session 2, or late fees will apply. A Withdrawal fee of \$50.00 (incl. Admin., Session & Skate Can. Fee) will be charged if cancelled prior to Oct. 15, 2011 for Session 1 & Jan. 21, 2012 for Session 2. No refunds after Oct 15, 2011 (session 1/Full season) & Jan 21, 2012 (session 2). NSF CHARGE - \$30.00 ****No skating Oct 8, Feb 18, Feb 21, and Feb 23****	Late registration fee (if applicable)	+ \$75.00
	TOTAL	
OFFICE USE ONLY:		

WAIVER

1. I hereby agree the Cochrane Skating Club Administration, Executive, Coaches and Assistants are not responsible for injuries or accidents resulting from participating in any of the activities associated with the Club and if my child requires any medical treatment during this skating season, and I am not present, I give my permission for the coaches to arrange for medical help.

2. I hereby agree the Cochrane Skating Club is allowed to place my child's name and /or picture on the arena bulletin boards, trophies, carnival programs, newsletters newspapers, **website** and any other areas pertaining to the "skating world".

3. I understand that my child cannot go on the ice unless ALL registration fees are PAID IN FULL and he/she is registered with Skate Canada.

Parent/Guardian Signature _____ Date _____

How did you hear about Cochrane Skating Club _____

