

GENERAL SESSION REGISTRATION FORM

September 25th, 2011 – March 31st, 2012

PLEASE PRINT CLEARLY

F Skater's Name: _____
 M First Name Last Name

Parent/Guardian's Name: _____

Address: _____ City: _____ Prov: ON

Postal Code: _____ Phone: _____ Date of Birth: ____/____/____
 Month / Day / Year

Email Address: _____ Emergency Contact: _____
 Name Phone Number

Skate Canada #: _____ Home Club: _____

PLEASE CHECK OFF THE SESSION TIME & QUANTITIES THAT YOU ARE REGISTERING FOR:

Session	Time	Amount Due	Total
KidSkate	<input type="checkbox"/> Sunday 3:30 – 4:00	<input type="checkbox"/> 1 session \$220.00	
	<input type="checkbox"/> A Sunday 2:45 – 3:30	<input type="checkbox"/> 1 session \$295.00	
CanSkate	<input type="checkbox"/> B Wednesday 6:15 – 7:00	<input type="checkbox"/> 2 sessions \$395.00	
	<input type="checkbox"/> A Sunday 1:45 – 2:45	<input type="checkbox"/> 1 session \$360.00	
StarSkate	<input type="checkbox"/> B Wednesday 6:00 – 7:00	<input type="checkbox"/> 2 sessions \$470.00	
	<input type="checkbox"/> Sunday 12:45 – 1:30 Skater will be on the ice for only 15 minutes during this session.	<input type="checkbox"/> 1 session \$140.00	

Cheques Payable to **Skate Sarnia**
 \$30.00 charge levied on all NSF cheques

- **REFUND POLICY:** A \$90.00 Administration Fee will be charged for any cancelled sessions. No Refunds after 3rd week of your skating session. See brochure for further details.
- ***BALANCE DUE** cannot exceed 50% of the ice fee portion of the total amount due & shall be post dated no later than Nov. 15, 2011.
- ****VOLUNTEER FEE** in lieu of volunteer hours, see brochure for further details.

Total Amount Due \$ _____
 Cash **or** CK# **Paid Today** \$ _____
 CK# Dated ***Balance Due** \$ _____
****Volunteer Fee Cheque Post-dated April 1, 2012 See brochure for details** \$50.00

I, the undersigned, agree that Skate Sarnia and/or the City of Sarnia and/or its employees will not be held responsible for any accident or loss however caused and agree to release the proprietors from all claims of damages, which may arise as a result of or by reason of the same.



ATHLETE or PARENT / LEGAL GUARDIAN SIGNATURE: _____

Date: _____

I agree to permit Skate Sarnia and any media contacted by Skate Sarnia to use my child's photo for publication in newsletters, club website, bulletin board and other media, without limitation. Parent/Guardian Signature: _____	I wish to be contacted for the following volunteer position(s) <input type="checkbox"/> Carnival <input type="checkbox"/> Competitions <input type="checkbox"/> Fundraising <input type="checkbox"/> Bingos VOLUNTEER COORDINATOR
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