

## Port Carling Skating Club Registration 2019-20

Skater's Name:	
Skate Canada No.:	Skater DOB:
Parent/Guardian:	_ Alternative Contact:
Phone:	Alternative Phone:
Email:	_ Alternative Email:
Mailing Address:	

The club and its employees are not responsible for any injury or loss of property sustained by the members while engaged in club activities. I assume responsibility for the physical fitness of my child concerning his/her ability to skate in the Port Carling Skating Club and hereby grant authority for medical aid to be administered if required. I understand that the club reserves the right to request a medical certificate indicating fitness to participate in their programs. They also reserve the right to remove a skater from the ice should there be concerns. I assume responsibility to ensure that my Canskater is wearing a CSA approved hockey helmet while on PCSC ice. I have read and understood this notice and hereby consent to enroll my child as a member under these terms. I have also hereby received a Club Membership Booklet, Skater's Code of conduct, Medical Form and Concussion Policy. Parent/Guardian Signature: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Skating Fees	Circle Program Choice (s)	Early Bird Prices	Reg Prices	Synchro Fees Circle Tear	m Option
New Kidskate:	Wed/Sat (circle one)	\$185	\$230	Beginner Synchro	\$335
	Wed & Sat	\$205	\$250		
CanSkate:	Wed/Sat (circle one)	\$295	\$340	Elementary Synchro	\$445
	Wed & Sat	\$320	\$365		
Intermediate:	Wed & Sat	\$450	\$495	Pre Novice (club member)	\$480
	Wed/Fri/Sat (Fri. 2 <sup>nd</sup> yr. skaters +)	\$500	\$545	Synchro only	\$560
Senior:	Mon only	\$435	\$480		
	Mon/Wed/Friday (circle two)	\$485	\$530		
	Mon/Wed/Fri	\$535	\$580		

Note: Registrations will NOT be accepted without payment. Forms must be submitted prior to skater stepping on ice.

Office Use Only	□Early Bird Rates	□Fundraising (Santa Skate Duty) \$100 separate cheque or cash collected						
Program Fees:	\$	Payment Details:	:\$	Cash	\$	Cash	\$	Cash
Synchro Fees:	\$	·	Date:		Date:		_ Date:	
Total Am't Owing	\$							
			\$	_Chq#	\$	Chq#	\$	Chq#
Amount Paid	\$		Date:		_ Date:		Date:	
Balance Owing	\$							
** <mark>Full p</mark>	ayment must be received by	December 1, 2019	** Postdated cl	neques d	lated for 1 <sup>st</sup> /15	<sup>th</sup> only		

\*\*eTransfer payments now available. Send to portcarlingskatingclub@gmail.com (please make password: skating)\*\*