



**LOYALIST SKATING CLUB
CANSKATE REGISTRATION
2019/2020**



PLEASE PRINT CLEARLY!

Skater Information:

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Gender: M _____ F _____

Home Club (if not LSC): _____ Skate Canada # (if known) _____

Was your skater enrolled in CanSkate previously? No _____ Yes _____

If yes, at what club? LSC _____ Other _____

What ribbons/badges has your child received (if known) _____

Any allergies or other medical/social issues we should be aware of? No _____ Yes _____ (list below)

Parent/Guardian:

Last Name(s): _____ First Name(s): _____

Email Addresses: **(ALL COMMUNICATION FROM THE CLUB IS DONE VIA EMAIL ONLY, PLEASE PRINT CLEARLY)**

Home Address:

Street: _____ City/Town: _____ PC: _____

Phone Number(s): _____

Package Information: (circle)

CanSkate: 10 week session or 20 week session
 Tuesday Only or Thursday Only or Tuesday & Thursday

Package Price: \$ _____ + \$44 Skate Canada Fee = \$ _____ TOTAL

Payment Method: (minimum 50% due at registration)

Cash: \$ _____ OR E-Transfer: \$ _____
(send to loyalistscpayments@gmail.com)

Post Dated Cheques: \$ _____ Dated _____
 \$ _____ Dated _____

Fundraising Agreement Completed: _____ *(no skater is considered registered until signed and payment received)*

Media Permissions: I give LSC permission to use my child's image in social media and/or public displays. Yes _____ No _____

Parent Initials: _____

Cancellations: I understand that under certain circumstances beyond the control of LSC, there may be times when CanSkate sessions need to be cancelled (including but no limited to inclement weather, rink closure). Cancellations will be announced via email and on social media. Parent Initials: _____

Make Up Sessions: I understand that if my child misses a CanSkate session for any reason (including but not limited to illness, vacation, etc.), make up sessions will not be permitted. Parent Initials: _____

ALL CANSKATE PARTICIPANTS MUST WEAR A WELL-FITTING CSA APPROVED HOCKEY HELMET OR THEY WILL NOT BE PERMITTED ON THE ICE. Parent's Initials: _____

RELEASE: I understand the inherent risks of my child participating in this physical activity and I hereby release Loyalist Skating Club and its volunteer Executive from any responsibility for injuries sustained as the result of participation in Skate Canada sanctioned programs. I give my full permission for my child to participate in Loyalist Skating Club's skating programs.

Your privacy and the protection of your personal information is important to us. Your personal information is required to register you with Skate Canada in any capacity, including, without limitation, as a Skate Canada registrant, coach or in connection with your affiliation with a skating club or skating school and to administer various services, such as Skate Canada events. Your personal information may also be exchanged with Skate Canada affiliates which includes your local skating club or skating school or provincial association or section. By submitting this form, you expressly provide your consent to the sharing of your personal information with Skate Canada and as described herein for purposes of registration and receipt of national services delivered by Skate Canada. We adopt the 10 Fair Information Principles into our privacy program, and employ reasonable measures to protect against unauthorized access, processing, disclosure, alteration, destruction or loss of your personal information. See [Skate Canada's Privacy Policy](https://info.skatecanada.ca/hc/en-ca/articles/212007866-Privacy-Policy) for more details. <https://info.skatecanada.ca/hc/en-ca/articles/212007866-Privacy-Policy>

Parent Full Signature: _____

Print Name: _____