



# LOYALIST SKATING CLUB STARSKATE REGISTRATION FORM

2018/2019

## PLEASE PRINT CLEARLY!

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

(PLEASE NOTE THAT ALL necessary communication from the club is shared via EMAIL ONLY)

Home Club (if not LSC): \_\_\_\_\_ Skate Canada # \_\_\_\_\_

### Package Information:

**Circle:** Senior  
1, 2 or 3 days  
Mon Tues Fri

Package Price: \$ \_\_\_\_\_ + \$36 Skate Canada Fee = \$ \_\_\_\_\_ TOTAL

**Payment Method:** (minimum 25% due at registration; NSF cheques are subject to a \$25 admin fee)

Cash: \$ \_\_\_\_\_ Post Dated Cheques: \* \_\_\_\_\_

First Cheque: \$ \_\_\_\_\_ (Dates & Amounts) \_\_\_\_\_  
\_\_\_\_\_

**\*\* post- dated cheques must be dated the 1<sup>st</sup> of the month, up to February 1, 2019**

**Skater Code of Conduct Signed:** \_\_\_\_\_ (Board member initial)

**Fundraising/Volunteer agreement rec'd:** \_\_\_\_\_ (Board member initial)

**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. I further give LSC permission to use my child's image in social media and/or public displays.

**LSC reserves the right to restrict the number of skaters on each session. LSC reserves the right to cancel sessions due to inclement weather or other unforeseeable circumstances, and there will be no make-up sessions.**

**Cancellations:** I understand that under certain circumstances beyond the control of LSC, there may be times when sessions need to be cancelled (including but not 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 session for any reason (including but not limited to illness, vacation, etc.), make up sessions will not be permitted. Parent Initials: \_\_\_\_\_

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>

Skater Signature (parent if under 18): \_\_\_\_\_

**Photo Opt Out** \_\_\_\_\_ (initials) I do NOT give LSC permission to use my child's image in social media or public displays.