

All Programs require sufficient enrollment. Sessions may be canceled or changed according to demand.

FALL LEARN TO SKATE (ages 3 and up)



Location: Lions Park Arena

Session Information: There will be nine 30 minute instructed classes and one family skate starting on Saturday, October 7th, 2017.

First Name										Last Name																			
Boy/Girl										Date of Birth DD/MM/YYYY																			
Address										City										Postal Code									
Parent/Guardian										Telephone										() -									
E-mail:																													

Check Preferred Ice Time	Check Skater's Level	Cost
<input type="checkbox"/> 4:50 →5:20 pm <input type="checkbox"/> 5:20 →5:50 pm	<input type="checkbox"/> Pre-beginner, <input type="checkbox"/> Beginner, <input type="checkbox"/> Elementary OR <input type="checkbox"/> Advance	\$110.00

Release Form: Members and parents or legal guardians of members agree to hold the Club, its executors, and its Board members and their heirs and assigns, free and blameless from any damage, accident, or injury which may occur to the member during skating sessions, or while practicing for and traveling to and from such sessions.

Personal Information: I understand that personal identifying information gathered by the Brant Skating Club will be for the purposes of registering my child/myself with Skate Canada, Western Ontario Section, Brant Club and other related Skate Canada or Brant Skating Club activities. I understand that this information will not be used for any other purpose without my separate written consent.

Individual's Likeness or Performance: I understand that my child's/my image or performance may be used in the training, education and development of skaters, coaches and officials; and in the promotion of Club programs and events.

Safe Sport Quick Links: Parents/Guardians are responsible to review the quick links provided by Skate Canada at <http://skatecanada.ca/about-us/safe-sport/>.

**As per Skate Canada regulation, only CSA approved hockey helmets are permitted.
All Skaters must wear a helmet.**

PARENT SIGNATURE: _____ **Date:** _____

BSC USE ONLY

Check One Below	Skate Canada # 1000342	BSC Rep ID
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Payment \$	
	Receipt given: YES / NO	