



West Lincoln Skating Club Registration Form
LEARN TO SKATE PROGRAMS



Last Name:		First Name:	
Birth Date: yyyy/mon/day		Skate Canada Number:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Health Card Number:	
Street Address:			
City:		Postal Code:	
E-mail Address:		Name(s) of (primary) Parent(s) / Guardian(s):	
Home Phone:	Cell Number #1:	Cell Number #2:	
Emergency Contact:	Relationship to Skater:	Phone Number:	

Program	Day	Amount	Subtotal
CanSkate	Wednesday	\$300	
CanSkate	Saturday	\$300	
CanSkate	Wednesday & Saturday	\$400	
CanPower	Tuesday – S1 Oct-Dec	\$185	
CanPower	Tuesday – S2 Jan-March	\$185	
CanPower	Tuesday – Full Season	\$335	
CanPower	Tuesday – Punch Card 6	\$112	
CanPower	Tuesday – Punch Card 12	\$220	
AdultSkate	Tuesday	\$162	
Payment for the full amount must accompany the registration form. Cheques may be post dated for the 15th of September through February 2018. NSF cheques are subject to a \$20 administration fee and are to be replaced with certified cheque, money order or cash. The WLSC reserves the right to make schedule & program adjustments AND move skaters based upon registration numbers. First come, first serve basis.		Other Charges / Discounts	
		Multi Family Member (-\$20)	
		Skate Canada Fee (\$35)	
		Fundraising Lottery Book 1 per family (\$40) <small>Can & Star Skate only</small>	
		Safety in Sport Fee (\$3)	
		Grand Total	

Older Sibling (s) Name & Program if applicable: _____

Waiver: I have read the parent/skater Code of Conduct, I agree to the code and have discussed it with my child. I have read the terms and conditions. I agree to release the Township of West Lincoln, WLSC, its Board, Coaches and Instructor members from any and all claims for damages, injury costs, actions suits or proceedings, loss of property and accidents including those while using the jumping harness or exercise or any other loss however caused. The Skate Canada Fee is non-refundable.

No refunds after the 3rd week of any session.

I agree to allow West Lincoln Skating club to use images of me/my child to promote WLSC activities.

Parent/Guardian Signature _____

Date _____

