

## $S\ k\ a\ t\ e\ C\ a\ n\ a\ d\ a\ -\ M\ o\ u\ n\ t\ F\ o\ r\ e\ s\ t$



## 2023-24 REGISTRATION FORM - PreJunior / Junior

Returning Member	New Member	Guest /Associate N				
				(Last)		
Date of Birth (MM)(DD)(YY) Male						
Address: City:						
Home Phone #: Cell Number:						
Email Address:						
Emergency Contact Na	me:			Nui	mber:	
Previous Club:		Hig	hest Test Le	vel Passed: CanS	Skate:	
Please check the se	ssions you wis	n to register for be	low. All che	ques made pay	able to SKAT	E CANADA-MOUNT FOREST.
** All skaters must	wear a Helmet	up to and including	g Stage 5 **			I hereby declare that the information on this application is correct. If this application is
PreJunior Stage 5 & 6 / Junior Session Prices						accepted, I agree to abide by the rules and regulations of Skate Canada – Mount Forest,
Monday Nig	00 – 8:00 pm		1 Day	\$ 395.00	including my fundraising and volunteer hours and absolve the club and /or the Board or	
	23 – March 4th 2024		2 Days	\$ 695.00	Directors and tis Coaching Staff of any	
Wednesday Night 4:30 - 5:30 pr				3 Days	\$ 1,008.00	responsibility for personal losses, bodily injury or accidents. All fees, schedules and
						membership commitments are subject to change at the Board's Discretion. Decisions
Friday Night 4:30 – 5:30 pm						by the Board are final. Failure to sign release will result in rejection of membership
Friday Sept 15th 2023 - Friday March 8th 2024 applicationSignature						
		-				I, do herby consent to the use of the SKATER'S name, biography and likeness
Skate Canada Insurance Fee					<u>\$ 60.00</u>	on/ or in connection with any television or radio program, video, DVD, web, print media
Non-Refundable National Fee or advertising, and publicity or such programs as may be designated to Skate						
No Fundraising Fees Total Program Fees \$ Canada-Mount Forest and/or Skate Cana and waive all rights to remuneration						
otherwise in connection with the above.						
Skating times are subject to change based						Signature Date
	registi	ration numbers.				
DAPENT COD	E OE CONDUCT DE	-AD	CONCI	ISSSION DDOTCOI	DEAD	
PARENT CODE OF CONDUCT READ CONCUSSSION PROTCOL READ						
	Signature					
Form of Pa	yment: C	ash Ch	eque	Etransfer	Credit	card
Cheque # (&/ or amount)	,					st):
Total Amount Due	\$ Parent /Guardian Signature					
Pullout date for any Program is November 1 <sup>st</sup> , 2023 for prorated reimbursement \$35.00 Admin Fee will apply. SC Insurance Fee is non-refundable						
Board Signature				Date		
Dogiu Signature				Date		