Estab. 1975

Skate Canada – Mount Forest

P.O Box 346 Mount Forest, ON. N0G 2L0

2024-25 REGISTRATION FORM – PreStar

Returning Member ☐ New Member ☐ Guest /Associate Member ☐ Skate Canada Number : ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Skater's Name (First) _____ **(Last)** _____

Date of Birth (MM) _____(DD)_____(YY)_____ Male ○ Female ○ **Skate Canada – Mount Forest Club #: 1000784**

Address: _____ City: _____ Postal Code: _____

Home Phone #:_____ Cell Number: _____ Cell Number: _____

Email Address: _____

Emergency Contact Name: _____ Number: _____

Previous Club: _____ **Highest Test Level Passed**: CanSkate: _____

Please check the sessions you wish to register for below. All cheques made payable to SKATE CANADA-MOUNT FOREST.

**** All skaters must wear a CSA Approved Hockey Helmet up to and including Stage 5 ****

PreStar (PreJunior - Stage 5 & 6) Session Prices

☐ **Monday Night 6:30 – 7:30 pm** **$ 475.00**

Monday Sept 9th 2024 – March 24th 2025

Skate Canada Insurance Fee

Non-Refundable National Fee **$ 62.00**

No Fundraising Fees **Total Program Fees $ 537.00**

Skating times are subject to change based on registration numbers.

I hereby declare that the information on this application is correct. If this application is accepted, I agree to abide by the rules and regulations of Skate Canada – Mount Forest, including my fundraising and volunteer hours and absolve the club and /or the Board or Directors and tis Coaching Staff of any responsibility for personal losses, bodily injury or accidents. All fees, schedules and membership commitments are subject to change at the Board's Discretion. Decisions by the Board are final. Failure to sign release will result in rejection of membership application. _____ *Signature*

I, do herby consent to the use of the SKATER'S name, biography and likeness on/ or in connection with any television or radio program, video, DVD, web, print media or advertising, and publicity or such programs as may be designated to Skate Canada-Mount Forest and/or Skate Canada and waive all rights to remuneration or otherwise in connection with the above.

_____

Signature *Date*

PARENT CODE OF CONDUCT READ ☐ **CONCUSSSION PROTCOL READ** ☐ **SKATE CANADA PRI**VACY POLICY READ & SIGNED ☐

Signature _____

Form of Payment: ○ Cash ○ Cheque ○ Etransfer ○ Credit card

Cheque # (&/ or amount) 1st (due at registration):_____ 2nd (due October 1st): _____

3rd (due November 1st):_____ 4th (due December 1st): _____

Total Amount Due $ _____ **Parent /Guardian Signature** _____

Pullout date for any Program is November 1st, 2024 for prorated reimbursement **$35.00 Admin Fee will apply. SC Insurance Fee is non-refundable**

_____ _____

Board Signature **Date**