



Skate Canada – Mount Forest



Estab. 1975

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

2024-25 REGISTRATION FORM – TEEN / ADULT LEARN TO SKATE AND SPECIAL OLYMPICS

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 ****

Friday Night	Starts Friday September 13th, 2024 - Friday March 28th, 2025	
Special Olympics	5:00 pm – 6:00 pm	\$ 475.00
Adult Learn to Skate	6:10 pm - 7:10 pm	\$ 475.00
Monday Night	Starts Monday September 9th, 2024 – Monday March 24th , 2025	
Teen Skate	7:40 pm – 8:40 pm	\$ 475.00
Adult Learn to Skate	7:40 pm – 8:40 pm	\$ 475.00
Skate Canada Insurance Fee	<u>Multiple Night Sign-up</u> Save 25% on 2nd night	<u>\$ 62.00</u>
Non Refundable National Fee		
No Fundraising Fees	Total Program Fees	\$ _____

Skating times are subject to change bases 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	CONCUSSION PROTCOL READ	SKATE CANADA PRIVACY POLICY READ & SIGNED
Signature _____		

Form of Payment:	Cash	Cheque	Etransfer	Credit card
Cheque # (&/ or amount)	1 st (due at registration): _____	2 nd (due October 1 st): _____	3 rd (due November 1 st): _____	4 th (due December 1 st): _____
Total Amount Due	\$ _____	Parent /Guardian Signature _____		
Pullout date for any Program is November 1 st , 2024 for prorated reimbursement \$35.00 Admin Fee will apply. SC Insurance Fee is non-refundable				
Board Signature _____			Date _____	