

Board Signature

Skate Canada - Mount Forest P.O Box 346 Mount Forest, ON. NOG 2L0



2023-24 REGISTRATION FORM – TEEN SKATE AND SPECIAL OLYMPICS

Deturning Member	New Member	Guest /Associate Member	Skata Canada	Numbor	
Returning Member					
					M
Date of Birth (MM)					- Mount Forest Club #: 1000784
			City:		
			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 alcators recent conservation to and instruction Chara E **					
					I hereby declare that the information on this application is correct. If this application is
e i ai i					accepted, I agree to abide by the rules and regulations of Skate Canada – Mount Forest,
Friday Night					including my fundraising and volunteer hours and absolve the club and /or the Board or
\$	Special Olympics	5:30 pm –	6:20 pm	\$ 3 92 .00	Directors and tis Coaching Staff of any responsibility for personal losses, bodily
ī	een Skate	5:30 pm –	5:30 pm – 6:20 pm \$ 392.00		injury or accidents. All fees, schedules and membership commitments are subject to
A	Adult Learn to Ska	te 5:30 pm –	6:20 pm	\$ 3 92 .00	change at the Board's Discretion. Decisions by the Board are final. Failure to sign release will result in rejection of membership
applicationSignatu					
Starts Friday September 15th, 2023 – Friday March 8th, 2024					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
Skate Canada Insurance Fee \$60.00					or advertising, and publicity or such programs as may be designated to Skate
Non Refundable National Fee					Canada-Mount Forest and/or Skate Canada and waive all rights to remuneration or
No Fundrais	ing Fees	Total Pro	Total Program Fees \$ 452.00		otherwise in connection with the above.
	Skating times ar	re subject to change			Signature Date
	bases on regis	stration numbers.			oignature Date
PARENT CODE OF CONDUCT READ CONCUSSSION PROTCOL READ					
Signature					
Form of I	Payment: C	ash Cheque	Etransfer	Credit c	ard
Cheque # (&/ or amount) 1st (due at registration):_ 3rd (due November 1st):_		ration): er 1 st):):
Total Amount Due \$ Parent /Guardian Sign			ature		
Pullout date for any Program is November 1st, 2023 for prorated reimbursement \$35.00 Admin Fee will apply. SC Insurance Fee is non-refundable					

Date