



NIAGARA CENTRE SKATING CLUB
 P.O. BOX 595, WELLAND, ONTARIO L3B 5R3
2017-2018 STARSKATE REGISTRATION FORM

Skater Name :		Parent Name :	
Coach :	M :___ F ___	Health Card # :	
Address :		Postal Code :	
Email :		Phone # :	
Birthdate : year _____, month _____, day _____		Home Club :	

Please circle your choice :

Level

Monday	Pelham	4 :15pm - 5 :30pm	High
Monday	Pelham	6 :25pm - 7 :25pm	Low
Tuesday	Welland	4:00pm - 5 :40pm	Open
Friday	Pelham	4 :30pm - 5 :35pm	Open
Saturday	Port Colborne	12:30pm – 2 :05pm	Open
1 day \$400	2 days \$675	3 days \$900	4 days \$1100

Second child discount \$40

All NCSC StarSkaters must submit a \$200 Volunteer deposit before skater is permitted on the ice

I _____ (parent/guardian), consent to _____ (skater's name) participating in the activities of the Niagara Centre Skating Club and hereby release and forever discharge the Niagara Centre Skating Club and its agents, being all coaches, directors, officers, volunteers, members, staff, successors and / or assignees of and from all claims, damages, actions or causes of action arising by reason of the participation of _____ (skaters name) in skating or other club activities and from all claims or demands whatsoever in the law or in equity which I, my heir, executors, administrators or assignees can, shall or may have because of participation. The Niagara Centre Skating Club also reserves the right to change dates and times due to unforeseen circumstances and there will be no refunds for missed sessions. Any requests for refunds are subject to Board approval and are subject to a \$75 administration fee.

Signature of Parent or Guardian

Date

Amount Paid: _____ Payment Method: _____

Amount Paid: _____ Payment Method: _____

Amount Paid: _____ Payment Method: _____ Lottery Book # _____