



NIAGARA CENTRE SKATING CLUB
 P.O. BOX 595, WELLAND, ONTARIO L3B 5R3
2017-2018 TEEN / ADULT 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 :

Monday	Pelham	6 :50pm - 7 :35pm	Group
Teen / Adult		All fees included	\$300

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: _____