



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

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

Please circle your choice :

Monday CanSkate	Pelham	5 :40pm - 6 :25pm
Tuesday CanSkate	Welland	5 :40pm - 6 :25pm
Tuesday CanSkate	Welland	6 :35pm - 7 :20pm
Friday CanSkate	Pelham	5 :45pm - 6 :30pm
Saturday CanSkate	Port Colborne	2 :05pm – 2 :50pm
Tuesday PrePower	Welland	6 :35pm – 7 :20pm
Saturday Prepower	Port Colborne	2 :05pm – 2 :50pm
Please indicate your interest Hockey stream ____ Figure Skating Stream ____		
One Day package \$300 Two day package \$500 Second child discount \$40		

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: _____ Lottery Book # _____