



NIAGARA CENTRE SKATING CLUB
 P.O. BOX 595, WELLAND, ONTARIO L3B 5R3
2018-2019 CANSKATE (LEARN TO SKATE) 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 :

Day	Session	Location	Time
Monday	Monday Beginner PowerSkating with Nancy Gruhl	Pelham	6 :00pm – 6 :45pm
	Monday PreCanSkate & Parent	Pelham	6 :00pm-6 :35pm
Tuesday	Tuesday CanSkate	Welland	5 :40pm - 6 :25pm
	Tuesday Beginner PowerSkating with Nancy Gruhl	Welland	5 :40pm – 6 :25pm
	Tuesday CanSkate	Welland	6 :35pm - 7 :20pm
Wednesday	Wednesday CanSkate	Pelham	5 :05pm – 5 :50pm
Thursday	Thursday CanSkate	Pelham	5 :35pm – 6 :20pm
Friday	Friday CanSkate	Pelham	5 :40pm - 6 :25pm
Saturday	Saturday CanSkate	Pelham	10 :40am – 11 :25am
	Saturday PreCanSkate & Parent	Pelham	11 :40am-12 :20pm

Please indicate your interest Hockey stream ____ Figure Skating Stream ____

One Day package \$315 Two day package \$525 Three day package \$700
 Second child discount \$25

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: _____