



**NIAGARA CENTRE SKATING CLUB**  
 P.O. BOX 595, WELLAND, ONTARIO L3B 5R3  
**2018-2019 STARGROUP 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 :**

Wednesday Intro to Synchro	Pelham	4 :50pm – 5 :50pm
Friday StarGroup	Pelham	<b>FULL</b> 5 :25pm - 6 :25pm
Saturday StarGroup	Pelham	10 :40am – 11 :40am
1 Group Session \$215		

\*\*All NCSC StarGroup Skaters must submit a \$50 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: \_\_\_\_\_