



**NIAGARA CENTRE SKATING CLUB**  
 P.O. BOX 595, WELLAND, ONTARIO L3B 5R3  
**2019 SPRING SCHOOL 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 :30pm - 5 :35pm	Open
Saturday	Pelham	10:00am – 11:05am	Open
	Pelham	11 :05am – 11 :50am	Star Group

One Day package \$200 new skaters or \$160 for current NCSC Members  
 Two day package \$325 new skaters or \$285 for current NCSC Members

**Monday session runs from March 18<sup>th</sup> to May 20<sup>th</sup>, 2019**  
**Saturday session runs from March 23<sup>rd</sup> to May 25<sup>th</sup>, 2019**

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: \_\_\_\_\_