

Niagara Centre Skating Club Summer School



Skater Name: _____ Home Club: _____

Skate Canda #: _____ Phone #: _____

Coach Name: _____ Email: _____

Please circle your choices :

Tuesday	Wednesday	Thursday
July 30th	July 31st	August 1st
August 6th	August 7th	August 8th
August 13th	August 14th	August 15th
August 20th	August 21st	August 22nd
August 27th	August 28th	August 29th

1 to 5 days \$25 per day / 6 to 10 days \$24 per day / 11 to 15 days \$23 per day
Guest Skate Fee \$25 per session **Subject to space availability**

Schedule Low

9:00 to 10:15 on ice

10:15 to 10:40 Spins and Skills

10:40 to 11:10 Snack Break

11:10 to 11:55 Off ice

CanSkate 12:05 to 12:50 (Tues & Thurs)

Schedule High

9:20 to 10:05 off ice

10:15 to 10:40 Spins and Skills

10:40 to 10:50 Snack Break

10:50 to 12:05 On Ice

CanSkate 12:05 to 12:50 (Tues & Thurs)

****StarSkaters are welcome to help as Program Assistants on our CanSkate sessions. ****

Bonus ice is available every Wednesday from 12:05 to 12:20 to all of our Volunteer Program Assistants.

Number of days _____ x cost per session _____ = Total cost \$ _____

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 \$50 administration fee.

Signature of Parent or Guardian

Date

Amount Paid: _____ Payment Method: _____