



CAYUGA SKATING CLUB
Winter Registration 2018 – 2019



NAME	M	F
ADDRESS	P.O. Box#	
POSTAL CODE	TELEPHONE #	
BIRTHDATE (MM/DD/YY)		
PARENT/GUARDIAN	E-MAIL	
EMERGENCY CONTACT NAME	TELEPHONE #	

REVERSE SIDE MUST BE COMPLETED

PLEASE NOTE:

Applications must be completed in full.

PAYMENT

All registrants have the option of making payment in full at the time of registration or in 3 equal post-dated cheques or e-transfers.

REFUND POLICY

Termination must be done within 30 days of commencement of program. A \$35.65 Skate Canada Fee will not be refunded. The Cayuga Skating Club--Treasurer, will issue refund cheques. **There is a charge of \$50.00 on all N.S.F. cheques and must be replaced by a certified cheque, cash or money order.**

RELEASE

I, the parent/guardian of the above skater agree that our child has our permission to skate with the Cayuga Skating Club and shall abide by the rules and regulations of the Cayuga Skating Club, Coaches and Officials. Furthermore, I agree not to hold the Cayuga Skating Club or any of the club's representatives responsible, or make any claims against them for damages, loss or injury sustained by my child/children in consequence of his/her/their participation in, or presence at any skating activity sanctioned by the said club and hereby release the said club and it's representatives from any such claims. **CanSkate participants up to and including Stage 5 must wear a CSA approved hockey helmet while on the ice.**

CONSENT TO PHOTOGRAPH/VIDEO/WEBSITE/FACEBOOK

I give my permission to use my child's(ren) image for publicity or educational purposes by CAYUGA SKATING CLUB via our club website and club Facebook page.

SIGNED _____ DATE _____

	TUESDAY
CanSkate	6:05 – 6:55 pm
Pre-CanSkate	6:05 – 6:30 pm
Pre-CanSkate	6:30 – 6:55 pm

NOTE: That the above times may change.

PROGRAM PACKAGE PRICES

Program	Session Fee	Skate Canada Fee	Total
Canskate 20 Weeks	\$300.00	\$35.65	\$335.65
Pre-Canskate 20 Weeks	\$150.00	\$35.65	\$185.65

<u>For Office Use Only</u>	
Date of Payment: _____	
Method of Payment:	
Cheque: \$ _____	Post-dated Cheques Dates: _____
Cash: \$ _____	
E-Transfer: _____	

Check only one please:

1 Hour CanSkate _____ Pre-CanSkate 6:05 Start _____ Pre-CanSkate 6:30 Start _____

If your child passes their Pre-CanSkate during the season and you choose to move up to the 1 Hour CanSkate session.

Pro-rate Balance paid \$ _____ Date of Payment _____

Please note that if there are not enough skaters to fill the scheduled ice time you will be contacted of any changes. If you have any questions please email us at cayugaskatingclub@gmail.com

