

2019 Summer Canskate/Canpowerskate Application

Scarboro Figure Skating Club

1967

Ellesmere Rd, Scarborough, Ontario M1H 2W5 (416) 438-9508

www.sfsc.on.ca

1 First Name: _____ Skater's Last Name: _____	Birthdate: _____ <div style="text-align: right;">Male <input type="checkbox"/> Female <input type="checkbox"/></div>
2 First Name: _____ Skater's Last Name: _____	Birthdate: _____ <div style="text-align: right;">Male <input type="checkbox"/> Female <input type="checkbox"/></div>
Address: _____	City: _____ Postal Code: _____
Phone: _____	Parent/Guardian Name _____
Relevant Medical Conditions _____	Emergency Contact Name and Phone Number _____
Email of Parent/Guardian (PLEASE PRINT CLEARLY) _____	
Email may be used for notification of club news. The Club DOES NOT release email information for use by third parties.	

Please indicate which days you will be skating. There is no skating on Monday, August 5th– Civic Holiday

Week #	C A N S K A T E	POWERSKATE
Week 1	n/a	Wed, July 3rd <input type="checkbox"/>
Week 2	Mon, July 8th	Wed, July 10th <input type="checkbox"/>
Week 3	Mon, July 15 th <input type="checkbox"/>	Wed, July 17 th <input type="checkbox"/>
Week 4	Mon, July 22nd	Wed, July 24 th <input type="checkbox"/>
Week 5	Mon, July 29 th <input type="checkbox"/>	Wed, July 31st <input type="checkbox"/>
Week 6	Civic holiday	Wed, Aug 7 th <input type="checkbox"/>
Week 7	Mon, Aug 12 th <input type="checkbox"/>	Wed, Aug 14 th <input type="checkbox"/>

Canskate

Total # of Days Skating _____
@ \$17/session

Powerskate

Total # of Days Skating _____
@ \$25/session

Less 10% Discount _____
S/C fee if applicable \$36.00

TOTAL FEE \$ _____

All fees must be paid according to payment schedule outlined in brochure and must accompany the application. See Winter Skating Brochure for further details and payment terms. Failure to pay on time may result in ice privileges being revoked.

LIABILITY WAIVER AND RELEASE

It is understood and agreed, as a condition of participation in skating programs offered by the Scarboro Figure Skating Club and Skate Canada, that neither the Club nor Skate Canada shall be liable for any injury, loss or damage suffered by the above registered member(s) while travelling to or from or while participating in skating practices, competitions or other activities, however caused. It is further agreed that neither the Club nor Skate Canada is responsible for any injury, loss or damage caused by the member(s) while travelling to or from or while participating in the said practices, competitions or other activities. The member(s), or his/her parent/legal guardian who has signed this form, shall indemnify the Club and Skate Canada and hold them harmless from any claims, demands or actions arising from or in respect of such injury, loss or damage.

MEDIA RELEASE: Unless OPT-OUT is circled, it is understood that permission is granted as follows: I give my permission for the Scarboro Figure Skating Club to use my image (photograph or video) on the Club website or to promote club events and activities. OPT-OUT

Athlete or Parent/Guardian Signature for an applicant under 18 years of age

Date

FOR OFFICE USE ONLY - PAYMENT DATE, METHOD (Cheque#/Visa/Cash) & PAYMENT AMOUNT

1. _____

TOTAL AMOUNT RECEIVED: \$ _____

Club Authorized Signature

* The SFSC stipulates that the program is eligible for the Child Fitness Tax Credit and stipulates dates those fees paid. The Club is not responsible or liable to determine if a skater otherwise qualifies for this tax credit.