

2018/19 Winter Canskate Application - Scarborough Figure Skating Club

1967 Ellesmere Rd, Scarborough, Ontario M1H 2W5 (416) 438-9508 www.sfsc.on.ca

Skater's First Name:	Skater's Last Name:	Birthdate:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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 by Scarborough FSC for notification of club news and to register member(s) with Skate Canada for membership card distribution. The Club DOES NOT release email information for use by third parties.		

Please check which session(s) skating:

Program begins Friday, Sept 21, 2018

Wednesday 7:15pm – 8:00pm _____
 Friday 6:45pm – 7:30pm _____
 Sunday 12:15pm – 1:00pm _____

Thursday 7:30pm – 8:15pm _____
 Saturday 10:15am – 11:00 am _____

CANSKATE FEE CALCULATION

1 st Skater in the family	2 nd Skater in the family	3 rd Skater in the family
<u>Per info above</u>	Name: _____	Name: _____
	Birthdate: _____	Birthdate: _____
	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Session #1: \$	Session #1: \$	Session #1: \$
Skate Canada Fee \$36.00	Less 10% Discount () Skate Canada Fee \$36.00	Less 15% Discount () Skate Canada Fee \$36.00
Total Fee _____	Total Fee _____	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 Scarborough 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 Scarborough 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. _____ 3. _____
 2. _____ 4. _____

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.