

SCARBORO FIGURE SKATING CLUB - 2019 SUMMER APPLICATION FORM

Scarboro Centennial Recreation Complex – 1967 Ellesmere Rd, Scarborough, Ontario M1H 2W5

First Name:	Last Name:	Birthdate:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Address:		City:	Postal Code:		
Phone:		Email:			
Emergency Phone:					
Home Club:	Skate Canada #	Coach's Name:			

Please circle on the chart below the Program, Weeks and Days skating:

CANCELLATIONS: Monday August 5th Civic Holiday – Club Closed

TEST DAY: Thursday, Aug 15th(Week 7)

	Week 1 July 2-5	Week 2 July 8-12	Week 3 July 15-19	Week 4 22-26	Week 5 July 29-Aug 2	Week 6 Aug 6-9	Week 7 Aug 12 - 16	
Freestyle 1 Elite	T W Th	M T W Th	M T W Th	M T W Th	M T W Th	T W Th	M T W Th	
Freestyle 2 Open	T W Th	M T W Th	M T W Th	M T W Th	M T W Th	T W Th	M T W Th	
Junior	W	M W	M W	M W	M W	W	M W	
Friday Open Session Weeks(3-7)	F	F	F	F	F	F	F	

FEE CALCULATIONS: JUNIOR Total # of Days @ \$34 /day _____ \$

FREESKATE Total # of Days skating 1 session/day @ \$32 _____ \$
 Total # of Days skating 2 sessions/day @ \$49 _____ \$

Subtract 10% Discount for home club skaters who pay in full by May 24th \$

Skate Canada fee \$ 36 or n/a

TOTAL FEE FOR SUMMER SEASON \$ _____
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Type of Payment: Cash /Debit Visa /MasterCard

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-noted member 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 while travelling to or from or while participating in the said practices, competitions or other activities. The member, 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.

Full Name of Payer (printed) _____

Signature _____
 (Parent/Guardian for an applicant under 18 years of age)

Date: _____

Authorized Club Signature _____