

2018 – 2019 Winter Application - Scarborough Figure Skating Club

1967 Ellesmere Rd, Scarborough, Ont M1H 2W5 (416) 438-9508 www.sfsc.on.ca email: scarboro.fsc@sympatico.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 _____		Name of Private Coach _____	
Relevant Medical Conditions		Emergency Contact Name and Phone Number _____		
Email of Parent/Guardian (PLEASE PRINT CLEARLY) _____ Email may be used by Scarboro FSC for notification of club news and to register member(s) with Skate Canada. The Club DOES NOT release email information for use by third parties 				

SESSIONS APPLIED FOR (program begins Tuesday, Sept. 11th)

SESSION NAME	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

FEE CALCULATIONS:	Program Name _____	\$ _____
	Add'l Sessions _____ @ _____ session	\$ _____
	_____ @ _____ session	\$ _____
	Add Skate Canada Registration and Safe Sport Fee	\$ <u>36.00</u>
	TOTAL FEE FOR WINTER SEASON \$ _____	

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 #/Credit Card/Cash) & PAYMENT AMOUNT

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
Visa/Mastercard # _____ Expiry Date _____	
TOTAL AMOUNT RECEIVED: \$ _____	

Club Authorized Signature

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