CANSkate and Adult Skate Registration Form

December 3, 2012 to March 28, 2013

Sanctioned by Skate Canada

Box #106, 4171 Fourth Avenue
Niagara Falls, ON L2E 0A2
info@niagarafallsskatingacademy.org
www.niagarafallsskatingacademy.org
905-374-1111

Office Use Only		
Cash	$	
Debit	$	
Credit	$	
Cheque	$	
Bursary	$	
Ticket Book		
Receipt Issued		
Entered		

Last Name: _____ First Name: _____ D.O.B.(yy/mm/dd): _____

Address: _____ City: _____ Prov: _____ PC: _____

Home Phone: _____ E-Mail: Address: _____ Male ❑ Female ❑

Return Skater: Yes ❑ No ❑ Last Level Passed: _____

Emergency Contact/Relationship: _____ Contact Number: _____

Please list any medical conditions or allergies that our coaching staff should be notified of:

How did you hear about us? ☐ Newspaper ☐ Friend ☐ Other

Preschool CANSkate (3-5 yrs)	# Weeks	1st Day	2nd Day 30% off	Total
Wednesday 5:25-6:10	13	185		
Thursday 5:25-6:10	13	185		
Mainstream CANSkate (6+ yrs)				
Wednesday 5:25-6:10	13	185		
Thursday 5:25-6:10	13	185		
Adult Learn to Skate				
Wednesday 6:55-7:40	12	225		
			Subtotal	
			Less: Family Discount (within the same household) - 10% off 2nd or 3rd Child	
			TOTAL FEES	

*All fees include a $35 SKATE CANADA FEE and a $40 WOS FUNDRAISING TICKET BOOK. All NSF cheques subject to a $25 administration fee. A $30 fee will also be charged for misplaced receipts.

Niagara Falls Skating Academy

Refund Policy

If you wish to remove your child from the program, Niagara Falls Skating Academy will issue a partial refund after 3 weeks from the start of your first class. Non-refundable fees include a Skate Canada fee of $35 and an administration fee of $25. All unused WOS Fund Raising Tickets may be returned at that time for a $40 credit.

Release Waiver

I, the undersigned give my consent for _____ to participate in the activities of the Niagara Falls Skating Academy and understand the potential risk of injury associated with this participation. I hereby release and discharge the Niagara Falls Skating Academy and its agents, made up of coaches, directors, officers, volunteers and members of the club of all claims, damages, activities or actions that may result in the above mentioned skaters participation in activities with the Club and from all claims or demands in law or in equity which I, my heir, administrators, executors or assignees can, shall or may have because of such participation.

Parent Signature	Skater Signature If Over 18
Print Name	Date

Parent Media Release

I, the undersigned, do hereby grant permission to Niagara Falls Skating Academy to use the image of my child,_____. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, and digital images such as those on the Niagara Falls Skating Academy Web site.

I agree that these images may be used by Niagara Falls Skating Academy for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any digital images.

Parent Signature	Date