The Winter Club of St. Catharines

P.O. Box 30002 Fourth Ave, St. Catharines, ON L2S 4A1, Phone (905) 641-5777
www.skatewc.org

Adult Membership Form: Fall/Winter 2009 – 2010
Sanctioned by Skate Canada

Fall: Sept 10, 17, 24, Oct 1, 8 5:55 – 7:15 PM

27 weeks $425.00

Winter: Oct 15, 2009 – Apr 1, 2010 6:55 – 8:15 PM
(no ice Dec 24, 31, Mar 18)

Skate Canada Fee (to be added to registration fee for Home Club registration) **$30.00**

All Sessions held at:
Seymour-Hannah Sports and Entertainment Complex
240 St. Paul Street West
St. Catharines, ON

PLEASE COMPLETE THE FOLLOWING:

SKATER NAME_____

ADDRESS_____

CONTACT #'s: H_____ C_____ EMAIL_____

SKATE CANADA #_____ HEALTH CARD #_____

HOME CLUB_____ PROFESSIONAL_____

HIGHEST COMPLETE TEST PASSED_____

FORM OF PAYMENT: CHEQUE_____ CASH_____

CONSENT

I,_____ consent to (skater's name)_____ participating in the activities of The Winter Club of St. Catharines and hereby release and forever discharge The Winter Club of St. Catharines and their agents, being all Coaches, Directors, Officers, Volunteers, Members, Staff successors and/or assignees of and from all claims, damages, actions or causes of action arising by reason of participation of (skater's name)_____ in skating or other club activities and from all claims or demands whatsoever in law or in equity which I, my heir, executors, administrators, or assignees can, shall or may have because of such participation.

_____ _____
Signature of Parent or Applicant (if over 18 years of age) Date

Registration may be paid:

One cheque for the full amount dated Sept. 1, 2009
Two cheques (total fee divided by two) payable Sept 1, 2009 & Oct 1, 2009
Make all cheques payable to: **Winter Club of St. Catharines**
PO Box 30002, 111 Fourth Ave., St Catharines, ON L2S 4A1