The Winter Club of St. Catharines

P.O Box 30002 111 Fourth Ave, St. Catharines, ON L2S 4A1, Phone: **(905) 641-777**
www.skatewc.org

2011-2012

General Membership Form

Name: _____ _____
Last First

Address: **City:**

Postal Code: **Telephone: ( ) -** **Sex θ M θ F**

E-mail Address:

Date Of Birth: _____
YEAR / MM / DD

The Winter Club of St. Catharines, operating as Team Winter Club, St. Catharines is a non-profit organization run by volunteers. Anyone may join for a fee of **$35.00.**
Please note: To be a "Home Club" Winter Club member, testing skaters must purchase at least a one day package.

General Skate Canada Membership	❒ **$35.00**

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

Total	**$**

For Office Use Only:

Date received: _____ Method of payment: _____ TWC Initials: _____