



The Winter Club of St. Catharines

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

Test Membership Form - 2011 / 2012

Name: _____		_____	
Last		First	
Address: _____		City: _____	
Postal Code: _____	Telephone #'s (Home) - (Emergency Contact) - _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Health Card #: _____		E-mail Address: _____	
Home Club: Winter Club <input type="checkbox"/>	Skate Canada Number _____	D.O.B. _____	
Other: # _____		YEAR / MM / DD	
Highest Skate Canada Test Level Achieved:			
Freestyle _____	Skills _____	Dance _____	Competitive _____

All sessions commence September 11 – 2011. and run to March 22 – 2012.
All Sessions Sun Sept 11: Rex Stimers Arena; all other Sessions Seymour-Hannah Sports Complex
 (See Calendar for Fall Session Schedule: Schedule may change due to Ice Availability)

SCHEDULE

<u>SUNDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>
11:15 - 11:25 Flood	5:15 - 5:25 Flood	4:45 - 4:55 Flood
11:25 - 12:45 Open FS	5:25 - 6:30 Open FS	4:55 - 6:15 Open FS
12:45 - 1:30 Parent / Tot & StarSkate	6:30 - 7:15 CanSkate	
1:30 - 2:15 CanSkate	7:15 - 7:25 Flood	
	7:25 - 8:45 Adult FS	
(Parent / Tot Begins October 16/2011)		

PACKAGE PRICING

<input type="checkbox"/> 3 day \$1215.00 <input type="checkbox"/> 2 day \$1000.00 <input type="checkbox"/> 1 day \$500.00 Total (A) \$ _____	<p style="text-align: center;"><u>Indicate Days of choice</u></p> <input type="checkbox"/> Sunday <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays
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PAYMENTS

<p style="text-align: right;">Subtotal</p> <p>Ontario Skater's Promotional Contest (mandatory home club)</p> <p>Skate Canada Fee (mandatory home club)</p> <p style="text-align: right;">Total</p> <p>Volunteer Bond (mandatory for all skaters) Post dated cheque dated Apr 1 2012, returned upon completion volunteer hours. Please see Volunteer The Winter Club of St. Catharines Member Volunteer Form for more information.</p>	<p>\$ _____</p> <p><input type="checkbox"/> \$ 40.00</p> <p><input type="checkbox"/> \$ 35.00</p> <p>\$ _____</p> <p><input type="checkbox"/> \$120.00</p>	<p>Registration may be paid in one of the following ways:</p> <p>One cheque for the full amount.</p> <p>Post dated cheques dated for the first of the month: Sept 1, 2011 – Feb 1, 2012 Registration must be paid in full by February 1- 2012.</p> <p>Make all cheques payable to: Winter Club of St. Catharines</p>
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For Office Use only:

Volunteer Form received: Contest Book given #

Cheque 1	Cheque 2	Cheque 3	Cheque 4	Cheque 5	Cheque 6	Volunteer Bond Apr.13-2012
#	#	#	#			#
\$	\$	\$	\$	\$	\$	\$

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.

I also acknowledge and hereby consent to the use of above skater's name, biography and likeness on or in connection with any television or radio program, video/DVD, print media or the advertising and publicizing of any program as may be designated by the Winter Club of St. Catharines and waives all rights to remuneration or otherwise in connection with the above.

Signature of parent or applicant (if over 18 years of age)

Date: _____

Harness Waiver (must be signed prior to use of the harness)

I, _____ give permission for my daughter/son, _____ to use the harness at The Winter Club of St. Catharines. I understand that The Winter Club of St. Catharines will not be held liable for any injury that may occur while using this device.

(signature of parent)

(signature of applicant if over 18 years of age)

(print name)

(date)