



Preschool

Fall 2009 & Winter 2010 Registration Form

INSTRUCTIONS:

1. Complete one form for each skater.
2. ALL applicable information MUST be completed.
3. The **release** MUST be signed.
4. Cheque, cash or debit for the full amount MUST be submitted with this registration form.

Lottery Book No

SKATE CANADA



OFFICE
REGISTRATION

PLEASE PRINT – THIS PORTION MUST BE COMPLETED IN FULL

Sex: Male Female

Last Name: _____

Date of Birth: Month _____ Day _____ Year _____ Initial _____

First Name: _____ Middle Initial: _____

Did you skate with KWSC in the past year? **Yes No**

Address: _____

If yes, which season(s)? (Please Circle)

Summer 2009 Spring 2009 Fall/Winter 2008-2009

City: _____ Postal Code: _____

Did you register in a KWSC or TCHSS pre-season program

Email: _____

in September 2009? **Yes No**

Phone: _____

Medical and /or Special Needs Information

Please detail any medical, learning or physical condition(s). Example: hearing disorder, vision impairment, ADD/ADHD, asthma.

Please contact Tara Dilgert, Membership Services (519-886-5972 ext 221) to communicate any specific instructions to help us provide a positive program experience.

Please
Initial
Here:

RELEASE FORM – MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF UNDER 18

1. Members and parents or legal guardians of members agree to hold KWSC, its Officers and Directors and their heirs and assigns, **free and blameless of any damage, accident or injury** which may occur to the member while participating in skating lessons, fitness classes, exhibitions, carnivals, competitions, tests, and traveling to or from such sessions, exhibitions, carnivals or tests.
2. The skater understands that he/she is responsible for ensuring his/her personal safety on the skating sessions. The skater will not enter onto the ice surface without first identifying a Club Professional Coach in attendance at the ice area.
3. The undersigned acknowledges that they have read and agree to abide by the policies and procedures as outlined in the "Financial Information" section of the Recreational Brochure, including the KWSC Refund Policy.
4. The undersigned gives consent for KWSC coaches and trainers to seek medical advice from either Waterloo Sports Medicine Center with regards to the skater's injury. Prior to any medical treatment administered approval from Parent/Legal Guardian will be obtained.

(PIPEDA) Personal Information Protection and Electronic Documents Act - The Kitchener Waterloo Skating Club would like to assure you that any information collected regarding the enrolment and payment for you or your family members will be kept private and confidential, and uses only for its intended purposes. All information will be stored in a secure manner in accordance with the Personal Information and Electronic Documents Act.

The Kitchener Waterloo Skating Club at no time will sell, lend or give your personal information to any group or person. This includes List Brokers, Mail Orders, Businesses, Telemarketers or other companies who would use it to sell their services or products.

Please Note: If you have completed any application for you and your family or anyone else you represent your representation implies you have obtained consent from them, even though they may not be present during the application process, for the Identified Purposes.

Name (Please Print) _____

Signature _____

Date _____

PRESCHOOL (CANSKATE)

AGES 3 – 5

Skater must be 3 to 5 years of age as of October 1, 2009 for Fall program and January 1, 2010 for Winter program.

Days Offered	Time	Location	Fall	Winter	Selection
Monday	9:45 am – 10:30 am	RIM Park: CFSC	Oct 19/09 – Dec 14/09	Jan 4/10 – Mar 8/10	X
Tuesday	6:00 pm – 6:45 pm	RIM Park: Lions	Oct 20/09 – Dec 15/09	Jan 12/10 – Mar 9/10	X
Thursday <i>combined session</i>	5:05 pm – 5:55 pm	Grand River	Oct 22/09 – Dec 17/09	Jan 14/10 – Mar 11/10	X
Saturday	11:00 am – 11:45 am	Lions Kitchener	Oct 17/09 – Dec 12/09	Jan 9/10 – Mar 6/10	X
Saturday	1:45 pm – 2:30 pm	RIM Park: CFSC	Oct 17/09 – Dec 12/09	Jan 9/10 – Mar 6/10	X
Sunday	12:45 pm – 1:30 pm	RIM Park: CFSC	Oct 18/09 – Dec 13/09	Jan 10/10 – Mar 7/10	X
Sunday <i>combined session</i>	1:45 pm – 2:35 pm	RIM Park: CFSC	Oct 18/09 – Dec 13/09	Jan 10/10 – Mar 7/10	X
Sunday	3:00 pm – 3:45 pm	Don McLaren	Oct 18/09 – Dec 13/09	Jan 10/10 – Mar 7/10	X

Fall Session: \$108.00
9 weeks

Winter Session: \$108.00
9 weeks

Fall & Winter: \$216.00
18 weeks

To skate 2 days a week, add \$70.00 per 9 week session.

PUBLICITY CONSENT

It is the desire of the Kitchener-Waterloo Skating Club to use our skaters' photographs, interviews and videos to promote their skating successes on our website, as well as through media releases for television and newspapers.

Consent: I (parent or guardian) give permission to the KWSC to publish _____ (print skater's name) name and/or photograph for the purpose of Club advertisement and promotion. I (parent or guardian) am aware that these names and/or photographs may be used on the club's website or sent to the media. I (parent or guardian) understand the nature and purpose of this consent. This consent will remain in effect from Sept 1/09 – Aug 31/10.

Signature: _____ (parent or guardian if under 18) **Date:** _____

As a courtesy, if you have chosen not to give your permission, the skater should excuse themselves when group photos are being taken.

FEES

1. Program Fee: \$ _____

2. Fundraising Fee: \$ 40.00

This is a once per year fee. You receive a book of lottery tickets to sell & you keep the money. Ticket stubs are returned to the KWSC office or a coach on your session by Feb 13/10.

3. Skate Canada Fee of \$31.00: \$ _____

This fee is required to be paid with this registration form unless you skated in a September 2009 pre-season program.

This fee is paid once per membership year (Sept 1/09 – Aug 31/10).

Total Amount Remitted: \$ _____