

Fall/Winter Skating Registration Form

(Please print all information clearly and firmly)

Skater's First Name: _____ Last Name: _____ Male Female
 Skate Canada Membership #: _____ Already registered with Skate Canada?
 Date of Birth – Month: _____ Day: _____ Year: _____ Age: _____
 Address: _____ Postal Code: _____
 Email Address (for PECSC news and updates): _____
 Parent(s)/Guardian(s) Name(s): _____
 Telephone – (H): _____ (C): _____ (W) _____
 Emergency Contact - Name: _____ Phone: _____
 Relevant Medical History: _____
 Medications: _____ Allergies: _____

AGREEMENT/WAIVER: I hereby register my son/daughter/self (over 18 yrs.) in the Prince Edward County Skating Club. ABOVE skater and parent/guardian will abide by the rules & regulations regarding conduct as set out by the Club & Skate Canada. PECSC and/or the Wellington and Pictou Arenas will not be held responsible for injury as a result of this activity, or for any loss or damage to the equipment. Members not in good standing are precluded from registering with Skate Canada or a Skate Canada Club until all debts owing are paid in full. PECSC reserves the right to make notification should this be the case. **INITIALS** _____

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT

*In accordance with the Freedom of Information and the Protection of Privacy Act, I give Prince Edward County Skating Club permission to publish my child's photo and/or first name in the newspaper and display case of arena(s). **INITIALS** _____
 * I give PECSC permission to use my child's photo and/or first name on the club's website & social media (Facebook, Instagram, Twitter). **INITIALS** _____

PAYMENT AND REFUND POLICIES

***PreCanskate and Canskate:** Registration fees are to be paid in full with a completed registration form. **Request for refund for PreCanskate only may be given within 4 weeks of the program start date, and must be submitted in writing to the PECSC Board of Directors.** **INITIALS** _____
 ***Junior Enrichment :** Registration fees may be paid in full, or with a minimum \$75 deposit, with a completed registration form. Installment plans can be arranged with the PECSC Treasurer. Post-dated cheques OR e-transfer payments will be accepted on the 1st of each month, with fees to be paid IN FULL by January 1st of the skating fall/winter season. E-transfer payments will be sent to pecsctreasurer@gmail.com. **INITIALS** _____
 ***STARSkate:** Registration fees may be paid in full, or with a minimum \$75 deposit, with a completed registration form. Installment plans can be arranged with the PECSC Treasurer. Post-dated cheques OR e-transfer payments will be accepted on the 1st of each month, with fees to be paid IN FULL by January 1st of the skating fall/winter season. E-transfer payments will be sent to pecsctreasurer@gmail.com. **INITIALS** _____
 *A charge of \$30 will be charged for all NSF or returned cheques. Late installment payments will be charged a \$10/week late fee. **INITIALS** _____
 ***REFUNDS:** Refunds will only be granted with a written request to the PECSC Board of Directors, accompanied by a Doctor's note. The \$32 Skate Canada Fee, \$3 Incidentals Fee and \$50 Fundraising Fee are non-refundable. **INITIALS** _____
 ***There are no make-up sessions or substitutions permitted for missed sessions.** Cancellations due to inclement weather may be rescheduled with a make-up session, at the discretion of the club and if the PECSC schedule permits.
 ***GUEST SKATING:** PECSC members - \$20/hr and \$30/session. Non-PECSC members - \$25/hr and \$40/session. After confirmation with coach, please email pecsboard@gmail.com to confirm availability. Payment made at time of session with cash/cheque/e-transfer (to pecsctreasurer@gmail.com).

Program Selected:

- PreCanskate** (Day selected/price: _____)
- PARENT ASSIST OPTION for PreCanskate Families** (Day selected/price: _____)
- Canskate** (Day selected/price: _____)
- Junior Enrichment (formerly "Advanced Canskate")**
(Days selected/price: _____)
- STARSkate Level 1-2** (Days selected/price: _____)
- STARSkate** (Days selected/price: _____)

Skating Fees	
Skate Canada Fees	
Fundraising Fee	
TOTAL	
Jumpstart	
Deposit	
AMOUNT RECEIVED	
BALANCE	
Cash/Chq. #	

Parent/Guardian Signature: _____
 Date: _____ Raffle Booklet #: _____
 **Installment Plan notes:* _____ paid on the 1st of each month for _____ months

OFFICIAL RECEIPT: _____ received as registration fees
 Received by: _____ Date: _____

