



Star Skate Registration From Oct 1, 2023 - Mar 31, 2024

Parents Name _____ Cell Phone # _____

Skaters Information

Skaters Name _____	Gender	Male	Female	Other
Date of Birth _____	Health Card # _____			
Address _____	City _____			
Postal Code _____	Telephone # _____			
Email Address _____				
Home Club _____	Skate Canada# _____			
Has your child ever been issued a Skate Canada Number		Yes	No	
<u>Alternate Contact incase of Emergency:</u>				
Name _____	Telephone # _____			
Relationship _____				

Registration Information

Select the Skaters Session and then Circle the Day(s)

Star Skate - Group (1 Session)	Mon	Thurs				\$ 350.00	_____
Star Skate - Group (2 Sessions)	Mon	Thurs				\$ 475.00	_____
Star Skate (1 Session)	Mon	Wed	Thurs	Fri	Sat	\$ 380.00	_____
Star Skate (2 Sessions)	Mon	Wed	Thurs	Fri	Sat	\$ 515.00	_____
Star Skate (3 Sessions)	Mon	Wed	Thurs	Fri	Sat	\$ 625.00	_____
Star Skate (5 Sessions)						\$ 745.00	_____

Note: Mon nights are at the Leisureplex, All other sessions are at Crystal Ridge Arena

Note: Star Skaters need to purchase 1 private lesson/week payable to the coach.

Bingo Bond - 1 Session - 2 - 4 hr. Bingo Shifts (8 hrs.)	\$ 120.00	_____
Bingo Bond - 2 + Sessions - 4 - 4 hr. Bingo Shifts (16hrs.)	\$ 240.00	_____
Skate Canada Fee (non refundable)	\$60.00	_____
Out of Club Fee (when register under an out of town club)	\$50.00	_____
Multi Member Discount after 1st Member	\$ (25.00)	_____
Note: Ice Times Are Subject to Change at any time	Total Due	_____

Payment Information

Cash	Amount Paid	_____
Post Date Cheques	Amount/Cheque	_____ Chq #'s _____
Etransfer	Confirmation #	_____ (crscettransfer@gmail.com)

Etransfer is available for full payment of fees only. Multiple payments require Posted Dated Cheques.

Permissions

I give Permission to release photo for public promotion	Yes	No
I give Permission to release phone number to board members	Yes	No
Any Health Concerns the Club should be aware of? _____		

Release of Liability, I the undersigned hereby release and hold harmless the Crystal Ridge Skating Club from all liability for any injury caused, resulting from participation by the above skater in the program. I the undersigned Acknowledge having read and understood Rowan's Law.

Signature of Parent: _____ Date Signed: _____

No refunds after November 1st without a medical certificate and a \$50 admin fee will be applied to all refunds