


Pre-Can/Can skate/Pre-Star Registration From Oct 1, 2023 - Mar 8, 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
Alternate Contact incase of Emergency:

Name	_____	Telephone #	_____
Relationship	_____		

Registration Information

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

Pre-Star (1 Session)	Mon	Fri	\$ 300.00	_____
Pre-Star (2 Sessions)	Mon	Fri	\$ 425.00	_____
Pre-Star Bingo Bond (1 - 4hr Bingo Shift, once completed Funds will be Reimbursed)			\$ 60.00	_____
Pre-Can skate (1 Session)	Wed	Fri - Full	Sat - Full	\$ 225.00 _____
Pre-Can skate (2 Sessions)	Wed	Fri - Full	Sat - Full	\$ 325.00 _____
Can skate (1 Session)	Mon	Wed	Fri - Full	Sat \$ 275.00 _____
Can skate (2 Sessions)	Mon	Wed	Fri - Full	Sat \$ 375.00 _____
Can skate (3 Sessions)			\$ 475.00	_____
Note: Mon nights are at the Leisureplex, Wed/Fri/Sat are at Crystal Ridge Arena				
Skate Canada Fee (non refundable)			\$60.00	\$60.00
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

There will be a \$35 NSF fee charged to any NSF Payments