



killarneyskatingclub@gmail.com

CANSKATE and HOCKEY SKILLS FALL/WINTER REGISTRATION 2015-16

KILLARNEY RINK 6260 Killarney Street
REGISTER ON-LINE at killarneyskatingclub.com

NO SKATE RENTALS – All skaters require their own skates and CSA approved hockey helmet.
No sessions on Monday October 12, 2015
Christmas Exhibition – December 19, 2015

Name: _____ Date of Birth (D/M/Y) ____/____/____

Address: _____ City & Postal Code: _____

Skate Canada# _____ Tel : _____ Cell# _____

Parent/Guardian Name _____ Emergency Contact _____

Parent's Email address: _____

Mondays, Sep 14-Dec 14	(13 wks)	5:15-6:00 pm	\$136.50
Mondays, Jan 4-Mar 28	(13 wks)	5:15-6:00 pm	\$136.50
Package session 1 and 2 and save 10%			\$245.70

Wednesdays, Sep 9-Dec 16	(15 wks)	5:15-6:00 pm	\$157.50
Wednesdays, Jan 6-Mar 30	(13 wks)	5:15-6:00 pm	\$136.50
Package session 1 and 2 and save 10%			\$264.60

Saturdays, Sep 12-Dec 12	(14 wks)	1:00-1:45 pm	\$147.00
Saturdays, Jan 2-Mar 26	(13 wks)	1:00-1:45 pm	\$136.50
Package session 1 and 2 and save 10%			\$255.15

NO HOCKEY SKILLS on 4:45-5:30 pm

Saturdays, Sep 12-Dec 12	(14 wks)	4:45-5:30 pm	\$147.00
Saturdays, Jan 2-Mar 26	(13 wks)	4:45-5:30 pm	\$136.50
Package Session 1 and 2 and save 10%			\$255.15

DISCOUNTS: Register for Session 1 and 2 (in effect until Sep 30, 2015) – Save 10% (register under packages)

Skate Canada Fee paid once per year (Sept 2015-Aug 2016)	\$32.65
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Payment:	Received By:	Entered:	TOTAL
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AUTHORIZATION FOR MEDICAL INTERVENTION: In the event of an accident or acute illness, I/We authorize the licensed/certified Health Care Provider(s) to carry out any examinations and treatments deemed necessary and advisable, within their respective scope of practice, in the assessment and treatment of the registered skater.

CareCard# _____ Allergies, Medical Conditions/Considerations: _____

The Killarney Centre Figure Skating Club undertakes no responsibility for damages or injuries suffered by the skaters or their accompanying "family members". Program registration shall only be accepted on this condition.

I agree to the use of photographs/video of my child/children taken while participating in KCFSC activities for the purpose of promoting the club (i.e. on our website or on posters/handouts) Yes No

Parent, Guardian, or Participant's signature: _____