



killarneyskatingclub@gmail.com

CanSkate and Hockey Development FALL/WINTER REGISTRATION 2016 - 2017

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 10 and Feb 13
Christmas Exhibition is on December 17, 2016

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 12-Dec 12	(13 wks)	5:45-6:30 pm	\$143.00
Mondays, Jan 9-Mar 13	(9 wks)	5:45-6:30 pm	\$ 99.00
Package session 1 and 2 and save 10%			\$217.80
Wednesdays, Sep 14-Dec 14	(14 wks)	5:45-6:30 pm	\$154.00
Wednesdays, Jan 4-Mar 15	(11 wks)	5:45-6:30 pm	\$121.00
Package session 1 and 2 and save 10%			\$247.50
Saturdays, Sep 17-Dec 10	(13 wks)	1:00-1:45 pm	\$143.00
Saturdays, Jan 7-Mar 18	(11 wks)	1:00-1:45 pm	\$121.00
Package session 1 and 2 and save 10%			\$237.60
NO HOCKEY DEVELOPMENT during 4:45-5:30 pm			
Saturdays, Sep 17-Dec 10	(13 wks)	4:45-5:30 pm	\$143.00
Saturdays, Jan 7-Mar 18	(11 wks)	4:45-5:30 pm	\$121.00
Package Session 1 and 2 and save 10%			\$237.60

DISCOUNTS: Register for Session 1 and 2 (in effect until Sep 30, 2016) – Save 10% (register under packages)
HOCKEY DEVELOPMENT: An addition \$10.00 will be charged per session.

Skate Canada Fee is paid once per year (Sept 2016-Aug 2017) \$36.00

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: _____