



Flamboro Skating Club, Skate Canada #1000773, No. 27 Hwy. 5 West, Flamborough L9H 7L5

Registration Form for 2011-2012 Skating Season STARSkate - Junior / Intermediate / Senior

Skater's Last Name:	Skater's First Name:	Gender:
Street Address:	Town / City:	
Postal Code:	Home Phone Number:	
Email: <i>(required for Club communication purposes)</i>	Skater's Date of Birth: : (Year Month Day)	

PROGRAM SELECTION: Please CIRCLE the Desired Session(s)

PROGRAM	MONDAY	WEDNESDAY	FRIDAY	SATURDAY	Total:	
JUNIOR (includes 15 min. group) *Circle 2 days	5:45-6:30pm \$300.00			8:35-9:20am \$300.00		
INTERMEDIATE *Circle 2-3 days	5:00-6:30pm \$285.00	4:30-6:00pm \$305.00	4:30-6:00pm \$305.00	7:30-9:20am \$385.00		
SENIOR *Circle 3-4 days	7:30-9:00pm \$285	6:10-8:00pm \$370.00	4:30-6:00pm \$305.00	<i>Sept. 7 – Oct. 14</i> 9:30-11:30am <i>Starting Oct. 15</i> 10:30am-12:30pm \$420.00		
SENIOR-NO SKILLS *Circle 3-4 days	7:45-9:00pm \$240	6:30-8:00pm \$305.00	4:45-6:00pm \$245.00	9:45-11:30am \$350.00		
EDGES/TURNS Sept. 7 - Oct. 14	6:30-7:20pm \$40		5:30-6:00pm \$36			
EDGES/TURNS starting Oct. 15	4:30-5:00pm \$120		4:00-4:30pm \$120			
Skate Canada Fee					\$ 33.00	
Promotional Contest Booklet (Fundraiser) – One per Family					\$ 40.00	
Less: \$25.00 for Early Registration – Must Register on August 30, 2011						
** Make Cheque Payable to: Flamboro Skating Club **					Grand Total:	
<i>Office Use Only...</i>	Booklet Number	Amount	Cash /Cheque #	Cheque Date	Processed By	Siblings Skating
		1.	1.	1.		1.
		2.	2.	2.		2.

NOTE: • Incomplete forms will not be processed. • \$25.00 service charge for NSF cheques. • Ice time fees ONLY will be reimbursed at prorated amount. • No refunds after October 1, 2011. • All cancellations subject to \$25.00 admin. charge. • Times & dates subject to change. • Fees over \$350.00 may be split into 2 equal payments dated Sept. 1 and Oct. 15, 2011.

We hereby release the North Wentworth Community Centre and the Flamboro Skating Club from any and all claims, actions, causes of action and damages resulting from accidents, personal injuries or theft. As the Flamboro Skating Club has a video and digital camera, I give permission for videos/pictures to be taken for instructional use and Club highlights. Also, I give permission for pictures to be taken by the Club and local media, highlighting the skater's accomplishments.

Parent/Guardian Signature: _____ Date: _____



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SESSION GUIDELINES

1. Skaters are to do skills or a stroking/field moves program (if they have completed skills), on skill sessions, freeskate on freeskate sessions, and dance on dance sessions.
2. Dance or skill lessons may be given on freeskate sessions.
3. There will not be any freeskate lessons on skill sessions.
4. Coaches are allowed a maximum of two (2) music requests per ten (10) minutes.
5. Skaters are not to request their own music.
6. Right-of-way is to be given to solos being played and skaters in lessons. Be aware of other skaters' music and programs to avoid getting in their way.
7. For safety reasons, please ensure you get up quickly when you fall.
8. When skating away from the boards, pay attention to oncoming skaters. Please do not stand in one of the four (4) corners of the ice where often lutzes and double lutzes are performed.
9. Semi-private or group lessons of no more than three (3) skaters are allowed with the exception of skills. Group lessons are not to interfere with the other skaters, i.e., three (3) skaters doing spins at the same time.
10. All skaters must wear appropriate skating attire. Skirts and stretch pants are acceptable; no baggy pants or shorts. No hats or hoods are allowed to be worn on the ice. Hair must be tied back when on the ice.
11. Please refrain from wearing any type of fragrance out of respect for others.
12. Dressing Room Number 1 is for Junior to Senior skaters only. During Senior skating sessions, please adhere to a ladies only policy in the dressing room. The referee's room or another dressing room may be used for fathers that need to assist with skates.
13. Cell phones are NOT permitted on the ice.

I, _____, have read and understand the session guidelines.

Skater Signature: _____ Date: _____



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MEDICAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____ Postal Code: _____

Phone: _____ OHIP No.: _____

Mother's work number: _____ Cell: _____

Father's work number: _____ Cell: _____

Person to contact in case of accident or emergency, if parents are not available.:

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Please circle the appropriate response below pertaining to you child:

Previous history of concussions	Yes	No	Asthma	Yes	No
Fainting episodes during exercise	Yes	No	Trouble breathing during exercise	Yes	No
Epileptic	Yes	No	Heart condition	Yes	No
Wears glasses	Yes	No	Diabetic	Yes	No
Wears contact lenses	Yes	No	Taking medication	Yes	No
Wears dental appliances	Yes	No	Allergies list:	Yes	No
Hearing problems	Yes	No			
Injuries requiring medical attention in the past year	Yes	No	Wears medial alert bracelet or necklace	Yes	No

Please give details if "yes" answered to any of the above: _____

I understand that it is my responsibility to keep the coach and club president informed of any change in the above information. In the event of a medical emergency, if neither parents or emergency contact can be notified, the coach or club representative has permission to seek medical care for my child. I authorize the physician and nursing staff to perform examination, investigation and necessary treatment of my child in the case of emergency. I authorize release of information to the appropriate persons (coach, club representation, physician) as deemed necessary in a medical emergency.

Parent/Guardian Name (please print): _____

Signature: _____ Date: _____