

2016/2017
Squamish Skating Club
CANSKATE

MONDAYS AND WEDNESDAYS 4:45pm – 5:30pm

- Option 1: Full set \$710+ \$40 Membership Fee = \$750
September 12, 2016 – April 26, 2017
- Option 2: Fall Set: \$400 + \$40 Membership Fee = \$440
September 12, 2016 – December 14, 2016
- Option 3: Winter Set: \$410 + \$40 Membership Fee = \$450
January 2, 2017 – April 26, 2017

- SATURDAYS 9:30am – 10:15am
- Option 1: Full Set: \$375 + \$40 Membership Fee = \$415
September 17, 2016 – April 29, 2017
- Option 2: Fall Set: \$200 + \$40 Membership Fee = \$240
September 17, 2016 – December 10, 2016
- Option 3: Winter Set: \$210 + \$40 Membership Fee = \$250
January 7, 2017 – April 29, 2017

For more information or to pre register please email squamishsk8@gmail.com
Or call Crystal Tress at 604- 848 -1249

Membership fees are payable once per skating season (Sept 1 – Aug 31) Please note if an NSF cheque is received by the club, a fee of \$25 will be charged and outstanding payments must be made in advance by cash. Skating privileges will be withdrawn until such time as payment is made in full.

Liability agreement:

The skater, or if the skater is under 18 years of age, the skater and the parents/guardians agree: the skater skates at his/her own risk. All skaters below Canskate level 5 must wear a CSA approved hockey helmet. All other skaters choosing not to wear a helmet do so at their own risk. The skater will not hold the Squamish Skating club and its professionals, employees or directors responsible for any loss or damage sustained through injury to the skater, or other skaters on or off the ice or any other liability loss, damage or expense incurred as a result of the skater attending the Squamish Skating club programs. The skater will abide by the rules of the club and skate Canada.

Signature_____date:_____

Consent and release:

For good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge:

1. I agree that skate Canada and its members, including my local skating club, may photograph, film and/or otherwise reproduce my likeness and/or voice in the course of my enrolment and participation in programs and events conducted or sponsored by skate Canada or my local skating club (the "reproductions"). I acknowledge and agree that skate Canada or its designate will own all worldwide right, title and interest in and to the reproductions.
2. I hereby irrevocably grant to skate Canada, its licensees and assigns, the right to utilize the reproductions in any and all manner of media, now known or unknown, throughout the world in perpetuity. I agree that the reproductions may be edited in skate Canada's sole discretion and may be used with or without my name associated with them. I expressly release skate Canada, its members, directors, agents, employees, licensees and assigns from and against any and all claims which I have or may have, whether known or unknown, for invasion of privacy, misappropriation of personality, defamation or any other cause of action arising out of the use of the reproductions.

Dated on_____at Squamish , British Columbia, Canada.

signature of skater/parent/guardian

name of skater

name of parent or guardian

street address / city, province, postal code

Medical Authorization and Release

If my child should be injured or become ill during a practice or other skating activity, I give consent to the Squamish Skating Club Coaches or their designee to obtain or provide the necessary treatment. This is to further authorize any hospital physician, emergency medical technician or other health care provider to provide such medical treatment and care as may be required for the health, safety and well being of my child.

Name of Skater _____

Skaters Date of Birth _____

Child's Family Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Allergies: _____ Medications: _____

Home Phone: _____

Emergency Contact _____

Cell Numbers _____

Email Address _____

Mailing Address _____

Signature of Parent/Guardian _____ Date: _____