



**2016-2017**  
**JUNIOR STARSKATE**

MONDAY & WEDNESDAY 3:45PM – 4:45PM

FULL SET- \$835.00 + \$40- Membership Fee = \$875.00 Price freeze till August 1 (No exceptions)

After Aug 1 \$860.00 + \$40.00 = \$900.00

(September 12, 2016 – April 26, 2017)

SATURDAY MORNINGS- 7:45AM – 8:45AM = \$250.00

FRIDAY AFTERNOONS- 3:45pm – 4:45pm = \$250.00

Friday and Saturday classes are in addition to the full program.

For more information or to Pre Register contact the club at  
[Squamishsk8@gmail.com](mailto:Squamishsk8@gmail.com) or call Crystal at 604 848 1249

\*Membership fees are payable once per skating season (Sept 1st to Aug 31st). 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 withheld until payment received. New to this year we will also be implementing late payment fees on all outstanding ice fees

**ALL REFUND REQUESTS MUST BE SUBMITTED IN WRITING TO THE SQUAMISH SKATING CLUB. REFUNDS WILL ONLY BE GIVEN IF A SKATER IS INJURED AND CANNOT SKATE, OR MOVES FROM THE DISTRICT. THE REFUND WILL BE PRO RATED BASED ON THE NUMBER OF SESSIONS ATTENDED. WE DO NOT ISSUE REFUND FOR WITHDRAWALS FROM THE PROGRAM. \_\_\_\_\_**

**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. 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. ALL SKATERS BELOW CANSKATE LEVEL 5 MUST WEAR A CSA APPROVED HOCKEY HELMET. ALL SKATERS ABOVE MAY CHOOSE TO NOT WEAR A HELMET AT THEIR OWN RISK.**

**SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_**

**CONSENT AND RELEASE:**

- 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**

\_\_\_\_\_  
**MAILING 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**

**ALLERGIES:** \_\_\_\_\_ **MEDICATIONS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**CELL NUMBERS** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_ -

**EMERGENCY CONTACT NUMBER** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_