



## Teen Skate Registration Form – Fall/Winter 2017/2018

Please print. All forms must be complete and fees paid at time of registration.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Birth date (Month/Day/Year) \_\_\_\_\_ Female/Male \_\_\_\_\_ Age \_\_\_\_\_  
 Care Card \_\_\_\_\_ Allergies/health concerns \_\_\_\_\_  
 Any special needs that may require additional support \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_ City/Postal Code \_\_\_\_\_  
 Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
 Email \_\_\_\_\_

**\*Inclusion of email address implies consent for CVSC to contact you at this email address\***

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
*(Please complete email as this is our primary method of communication)*

**PLEASE CLEARLY IDENTIFY THE SESSION IN WHICH YOU ARE REGISTERING:**

Teen Skate	Day/Times	Cash/ Cheque	VISA	Amount
<b>Teen Skate 8 Weeks Oct 18 – December 6</b>  Includes lessons with certified coach.	4:30- 5:15 pm Wednesday	\$150.00	\$152.00	
<b>Skate Canada/Club Membership &amp; Insurance Fees (Annual Fee – September 2017-2018) NON_REFUNDABLE</b>		\$36.25	\$36.95	
		<b>TOTAL</b>		

## **FEE PAYMENT**

**Applications will NOT be processed unless accompanied by the appropriate fees.**

- **Cash** – Payment in full at time of registration
- **Cheque** – Payable to the Comox Valley Skating Club.
- **VISA Payments**
- **NSF Cheque Fee is \$35.** Any member of the CVSC that has had two (2) NSF cheques in a membership year must pay the outstanding and remaining balances in full. Future seasons require payment in full prior to the sessions starting. All payments must be by cash, certified cheque, or money order.

## **Refunds**

I hereby acknowledge refunds are *only* granted for extended illness/severe injury at the discretion of the Board. You must miss a minimum of five (5) consecutive, registered skating days to qualify. If granted, the refund will be pro-rated from the date of the medical documentation – Skate Canada/Club Membership fees are non-refundable. The Comox Valley Skating Club cannot be responsible for cancellation of ice, but will make all efforts to re-schedule if possible.

**Name of Parent/Guardian: (Please PRINT)** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Liability Waiver**

- I understand the **Comox Valley Skating Club** shall not be responsible for any damage, injury, or loss of property to any member of the Club or guest taken to the premises, regardless of the reason or nature of such damage, loss or injury and further, every member, or guest shall use the Club premises at his or her own risk.
- It is further agreed that neither the Club nor Skate Canada is responsible for any injury, loss, nor damage caused by the member while traveling to or from or while participating in the said practices, competitions, or other activities.
- I agree to abide by the Rules and Regulations of the **Comox Valley Skating Club** as determined by Skate Canada and the Board of Directors.
- I assume responsibilities and hazards incidental to this activity and hereby waive all claims which I may have against the aforementioned, its Board Members, Coaches and Volunteers.
- The member, or his/her parent/legal guardian, who has signed this form, shall indemnify the Club and Skate Canada and hold them harmless from any claims, demands, or actions arising from or in respect of such injury, loss, or damage.

**Name of Parent/Guardian: (Please PRINT)** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Medical Consent**

- It is our policy to notify a parent when a child is in need of medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this signed consent with us to the emergency center.
- I authorize a Coach or person(s) in charge of the **COMOX VALLEY SKATING CLUB** to call a physician; take my child to the nearest emergency room; or summon an ambulance for emergency medical aid; should, in the opinion of the person(s) in attendance feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I shall be notified as soon as possible.
- I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.
- I agree that any cost incurred for such service shall be the sole responsibility of myself.
- I also authorize release of information to appropriate people (Coach, Physician) as deemed necessary.

**Name of Parent/Guardian: (Please PRINT)** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photography Reproduction Consent**

- 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.
- I hereby irrevocably grant to Skate Canada, its licensees and assigns, the right to utilize the Reproductions in any and all manner and media, now known or unknown, through 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.

**Name of Parent/Guardian: (Please PRINT)** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notice of Collection Statement:**

Your privacy and the protection of your personal information is important to us. Your personal information is required to register you with Skate Canada in any capacity, including, without limitation, as a Skate Canada registrant, coach or in connection with your affiliation with a skating club or skating school and to administer various services, such as Skate Canada events. Your personal information may also be exchanged with Skate Canada affiliates, which includes your local skating club or skating school or provincial association or section. By submitting this form, you expressly provide your consent to the sharing of your personal information with Skate Canada and as described herein for purposes of registration and receipt of national services delivered by Skate Canada. We adopt the 10 Fair Information Principles into our privacy program, and employ reasonable measures to protect against unauthorized access, processing, disclosure, alteration, destruction or loss of your personal information. See [Skate Canada's Privacy Policy](#) for more details.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Volunteer Opportunities:**

The Comox Valley Skating Club is run by volunteers. You are encouraged to volunteer for club events such as fundraising activities, helping with the Canskate table, and the Ice Show in March. Volunteer opportunities will be emailed to parents throughout the year. Please volunteer if you can. We value your contribution.

**The Comox Valley Skating Club reserves the right to change and/or cancel without prior notification any of its sessions due to low registration or attendance or in the event that the arena is closed due to inclement weather.**

**The Comox Valley Skating Club gratefully acknowledges the financial support of BC Gaming and Community Grant funding.**

<b>For Official Use Only</b>	
Amount Paid _____	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Cash _____ Date: _____
Receipt number: _____	
<b>VISA PAYMENT</b>	
NAME: _____	AMOUNT: _____ EXP DATE: _____
CARD # _____	( 16 digits) CVS # _____ ( 3 digits)
SIGNATURE: _____	
Notes _____	
_____	
_____	
Registrar's Signature: _____	Date: _____