



Adult Skating Lessons Registration Form Spring 2018

Please print legibly. 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 _____

Address _____ City/Postal Code _____

Primary Phone # _____ Secondary Phone # _____

Email _____

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

Please complete email as this is our primary method of communication)

Emergency Contact _____ Relationship _____ Phone # _____

Adult Skate Session					
Session:	Days	Times	Cash/Cheque	Visa	Amount due
Adult Skating lessons 7 weeks April 5 to May 17	Thursdays	7:30 pm to 8:30 pm	\$110.00	\$112.00	

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** will be processed through Daryl Robbins Accounting
- **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.

Liability Waiver

I (we), the undersigned, accept the terms of registration and agree that the staff, coaches, volunteers, instructors, along with the arena and its employees are not liable for, nor held responsible for any accident or loss, however caused, and agree to release same from all claims or damages. I further agree that the applicant has no medical problems and is in good physical health and I will be responsible for all medical and dental claims, or insurance.

I have read and understood this waiver.

Signature: _____ Date: _____

Medical Consent

- It is our policy to notify the emergency contact if a skater is in need of medical attention.
- CVSC to call a physician; take me 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.
- I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment.
- 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.

Signature: _____ 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.

The CVSC gratefully acknowledges the financial support of BC Gaming and Community Grant funding.

To Register:

Submit completed registration via email to Comoxvalleyskatingclub@gmail.com or

Mail to : Comox Valley Skating Club P.O. Box 3302 Courtenay, BC V9N 5N5

To Pay by visa please complete:

VISA PAYMENT

NAME: _____ AMOUNT: _____ EXP DATE: _____

CARD # _____ (16 digits) CVS # _____ (3 digits)

SIGNATURE: _____

For Official Use Only

Amount Paid _____ Cheque # _____ Cash _____ Date: _____

Notes _____

Registrar's Signature: _____ Date: _____