



Comox Valley Skating Club
Junior Academy/ Star Skate
 Registration Form
 September to May 2019/2020

Last Name _____ First Name _____
 Birth date (Month/Day/Year) _____ Female/Male _____ Age _____
 Allergies/health concerns _____ Care Card # _____
 Skate Canada Member # _____

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

Note: email is our primary method of communication

Emergency Contact _____ Relationship _____ Phone # _____

Program	Sessions	Fee	Amount
Intro to Junior Academy	Tuesday <i>or</i> Thursday <i>please circle your choice</i> *Includes 1 group hour lesson per week	\$460	
Jr. Academy	Tuesdays and Thursdays 2 sessions per week – including group lessons	\$875	
Star 1-3	2 sessions per week - including group lessons on Monday and Thursday	\$875	
Star 4 and up	2 sessions per week	\$875	
All Star Skaters	3 sessions per week (including above if appropriate)	\$1175	
	4 sessions per week	\$1475	
	5 sessions per week	\$1775	
	6 sessions per week BEST VALUE	\$1950	
Skate Canada fee	Mandatory Annual membership fee due once a year	\$43.65	\$43.65
Total	Total		

FEE PAYMENT

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

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.

VOLUNTEER COMMITMENT

The CVSC is run by volunteers. It is the effort and commitment of ALL parents that will make your child's skating experience a successful one and allows the club to continue. There are opportunities throughout the year to volunteer for a variety of club events, including fundraising activities, Canskate, and the Ice Show. All parents are expected to contribute a minimum of 15 hours volunteering. An email will be sent to parents when there are volunteer opportunities – please respond. Your contribution is important!!

Refunds

I hereby acknowledge refunds are only granted for extended illness/severe injury only and 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.

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.

Signature of Parent/Guardian: _____ Date: _____

Photography Reproduction Consent

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

- 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.

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 of Parent/Guardian: _____ **Date:** _____

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

For Official Use Only (post dated cheques deposited the first of the month)			
Amount Paid _____	<input type="checkbox"/> Cheque _____	<input type="checkbox"/> Cash _____	Date _____
Amount Paid _____	<input type="checkbox"/> Cheque _____	<input type="checkbox"/> Cash _____	Date _____
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Amount Paid _____	<input type="checkbox"/> Cheque _____	<input type="checkbox"/> Cash _____	Date _____
<u>VISA PAYMENT</u>			
NAME: _____		EXP DATE: _____	CVS # _____ (3 digits)
CARD # _____	(16 digits) SIGNATURE: _____		
Notes _____			

Registrar's Signature _____		Date _____	