

# Huntington Hills Skating Club

## CanSkate 20

### 2008 – 2009 Registration

*\*Huntington Hills Community Association volunteer commitment is required.*

#### SKATER INFORMATION:

Returning HHSC member Skate Canada Number: \_\_\_\_\_ Competitive: Y/N  
 New Member  Transfer from another Skate Canada Club: Name of Club: \_\_\_\_\_  
First name: \_\_\_\_\_ Last: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Date of Birth (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address: \_\_\_\_\_ Alberta Health Care # \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
  
Previous Level / Highest Badge or Test Passed \_\_\_\_\_ Year \_\_\_\_\_  
Name of Emergency contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Medical History: (provide significant medical information. eg. recent injury, illness, contact lenses, medications etc).

#### PROGRAM INFORMATION:

Program is held at **Huntington Hills Sportsplex**

#### **MIN. LEVEL4 CANSKATE OR EQUIVALENT**

Volunteer Commitment to HHCA required

#### **Tuesdays and Thursdays, 6:15 – 7:15pm**

Session 1: October 14, 2008 – December 18, 2008

Session 2: January 6, 2009 - March 12, 2009

\$230 per Session

#### PAYMENT INFORMATION:

Mail cheque(s), registration form, waiver & HHCA documents to address below. 1 cheque (full amount) dated October 1, 2008 for Session 1 and/or 1 cheque (full amount) dated January 1, 2009 for Session 2.

*Incomplete registration packages will not be processed.*

#### OFFICE USE ONLY:

Registration Form

Waiver

Volunteer Commitment

HHCA Membership Application

Cheque # \_\_\_\_\_ Date: \_\_\_\_\_

# \_\_\_\_\_ Date: \_\_\_\_\_

REGISTERED \_\_\_\_\_  
(date)



Mail Registration to: **HHSC Registrar, 520 – 78 Ave NW, Calgary, AB T2K 0S2**  
For more information, go to our website at: <http://www.hhskatingclub.com>

## Huntington Hills Skating Club WAIVER

**ACKNOWLEDGEMENT OF RISK:** By my participating in this activity, I consent to the known and foreseeable physical risks inherent in the sport of figure skating and ice-skating. These risks include but are not limited to: travel to and from the arena, ice conditions, equipment failure, falls, collisions with other participants and/or instructors, and facility conditions. In assuming these risks, I, the undersigned, forever release myself, my heirs, and any persons acting on my behalf, the Huntington Hills Skating Club, and/or Huntington Hills Community Association, and/or Cardel Place, and/or Skate Canada-Alberta/NWT-Nunavut Section, and its directors, employees, volunteers, coaches, officials, instructors, independent contractors, agents and sponsors, from any claim arising from any illness or injury to my person as a result of my participation in this activity.

**PARTICIPANT'S PLEDGE:** As a participant in this activity, and/or a parent/guardian of said participant, I agree to behave in a manner that demonstrates good sportsmanship, showing respect for all participants, instructors and those affiliated with the Skating Club.

**PAYMENT:** Payment schedules are noted on each registration form.

**ACKNOWLEDGEMENT OF HHSC CANCELLATION & REFUND POLICY:**

Upon registration I am aware of the following:

- Cancellations made up to 7 days prior to the program start date will be processed at no additional charge (a full refund will be given).
- Cancellations made less than 7 days prior to the program start date, up to and including the first lesson will be subject to a \$50 administration charge.
- No refunds will be given after the first lesson without a Doctor's note. Medical refunds will be prorated, less a \$50 administration fee.
- All cancellation & refund requests must be submitted in writing to:  
HHSC Registrar, 520 – 78 Ave NW, Calgary AB T2K 0S2

**USE OF PERSONAL INFORMATION:** Personal information provided on registration form is protected under the authority of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to facilitate your enrolment, administer our skating programs, and provide contact information that will be used to notify you of other skating programs and events. This membership information will be shared with Skate Canada for registration, statistical, and program development purposes. It may also be shared with Huntington Hills Community Association for membership contact purposes. Alternate Contact and medical information will only

be used in a medical emergency. If you have any questions about the collection, use or disclosure of this information, contact the HHSC Registrar, 275-3534.

**PRINT Skater's Name:** \_\_\_\_\_

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

[If skater under the age of 18 years]

**Participant/Skater Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

HHSC may wish to use photos of skaters for promotional material (website, etc.). Please indicate **Yes** or **No** for the club to use your child(ren)'s photo. Names (first or last) will not be published.  
\_\_\_\_ **Yes**, I give consent for use of photo \_\_\_\_ **No**, I do not give permission for use of photo

Visit our website at: <http://www.hhskatingclub.com>



2008- 09 BINGO VOLUNTEER INFORMATION

EVERYONE IS REQUIRED TO VOLUNTEER FOR TWO BINGOS – BOOK EARLY FOR CHOICE TIMES!

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Players Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cheque Number: \_\_\_\_\_ Credit Card Number & Expiry: \_\_\_\_\_

Huntington Hills Skating Club is required to provide volunteers for the Huntington Hills Community Association (HHCA) Bingos. The monies generated from these Bingos pays for the maintenance of the community facility. The required volunteer commitment is: TWO (2) Bingos per skater, to a maximum of four (4) per family.

Each family is required to provide a \$100 deposit cheque for each skater, payable to HHCA, Please leave the cheque date blank. The cheque will be returned to you after you have worked both Bingos. If you fail to appear for your first scheduled Bingo, the \$100 cheque will be cashed. If you appear for the remaining Bingo, a \$50 refund cheque will be issued. (You may choose to not work Bingos and pay \$100).

Bingo Dates Available: Please put a minimum of 5 dates below (#1 being your first choice)

Bingos are Thursdays 5:30pm -9:30pm or Saturday s 11:30am – 3:30pm.

September Dates:

Thursday

September 11th \_\_\_\_\_

Saturday

September 13th \_\_\_\_\_

October Dates:

Thursday

October 16th \_\_\_\_\_

Saturday

October 18th \_\_\_\_\_

November Dates:

Thursday

November 20th \_\_\_\_\_

Saturday

November 22nd \_\_\_\_\_

December Dates:

Thursday

December 18th \_\_\_\_\_

Saturday

December 20th \_\_\_\_\_

January Dates:

Thursday

January 15th \_\_\_\_\_

Saturday

January 17th \_\_\_\_\_

February Dates:

Thursday

February 19th \_\_\_\_\_

Saturday

February 21st \_\_\_\_\_

March Dates:

Thursday

March 19th \_\_\_\_\_

Saturday

March 21st \_\_\_\_\_

April Dates

Thursday

April 16th \_\_\_\_\_

Saturday

April 18th \_\_\_\_\_

May Dates

Thursday

May 14th \_\_\_\_\_

Saturday

May 2nd \_\_\_\_\_

Any questions please call Jillian Davidson 403-275-6666 ext 240 or email Jillian at [hhcavolunteer@shaw.ca](mailto:hhcavolunteer@shaw.ca)

(HHCA OOFICE USE ONLY)
HHCA BINGO VOLUNTEER CONFIRMATION

Name: \_\_\_\_\_ Skaters Name: \_\_\_\_\_

Volunteer Commitment Bingo Date (1) \_\_\_\_\_ Date (2) \_\_\_\_\_ Date (3) \_\_\_\_\_
Date (4) \_\_\_\_\_



**2008 – 09 MEMBERSHIP APPLICATION**

FAMILY MEMBERSHIP \$25

DATE (year/month/day): \_\_\_\_\_  
(expires Aug 31 /09)

(PLEASE PRINT)

Family Name: \_\_\_\_\_

Husband Name: \_\_\_\_\_

Wife Name: \_\_\_\_\_

Child's Name: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Res): \_\_\_\_\_

Email: \_\_\_\_\_

Number of Children living in the Family Home (enter the appropriate number)

Age Group	Male	Female
0 – 5 years	_____	_____
6 – 12 years	_____	_____
13 – 17 years	_____	_____
18 years & older	_____	_____

One membership card is issued per family. Anyone over the age of 21 years requires their own membership.

Which of the following program(s) are you registering for this year?:

Preschool Program \_\_\_\_\_ Summer Sports \_\_\_\_\_ Gymnastics \_\_\_\_\_  
 Curling \_\_\_\_\_ After School Program \_\_\_\_\_ Basketball \_\_\_\_\_  
 Figure Skating \_\_\_\_\_ Ringette \_\_\_\_\_ Hockey \_\_\_\_\_  
 Pioneers \_\_\_\_\_ E.C.S. \_\_\_\_\_ Other \_\_\_\_\_



**OFFICE USE ONLY**

Membership No.: \_\_\_\_\_ Method of Payment: cheque \$ \_\_\_\_\_ cash \$ \_\_\_\_\_

Contributor: Yes / No