

Huntington Hills Skating Club

STARSkate Group 2007 – 2008 Registration

HUNTINGTON HILLS COMMUNITY ASSOCIATION VOLUNTEER COMMITMENT REQUIRED

SKATER INFORMATION:

Returning HHSC member Skate Canada Number: _____
 New Member Transfer from another Skate Canada Club: Name of Club: _____
Last name: _____ First: _____ Middle Initial: _____
Address: _____ Postal Code _____
Phone number: _____ Date of Birth (M/D/Y): ____/____/____
Alberta Health Care Number: _____ Gender: _____
Parent/Guardian Name: _____
May we contact you by email? yes Email address: _____
Previous Level / Highest Badge or Test Passed _____ Year _____
Name of Emergency contact person: _____ Phone number: _____
Medical History: (recent injury, illness, contact lenses, allergies, medications etc).

1. STARSkate Group ICE TIMES:

TUESDAY	THURSDAY	SATURDAY
6:15-7:15 PM	6:15-7:15 PM	OFF-ICE: 2:45 – 3:45 PM CARDEL PLACE
HH ARENA	HH ARENA	ON-ICE: 4:15 – 5:15 PM CARDEL PLACE

2. PAYMENT:

FEE: \$775 (this includes coaching fees)

- Attach a cheque for the full amount OR 3 equal post-dated cheques dated: date of registration, Oct 1, 2007 and Nov 1, 2007. Make cheques payable to: **HHSC**
- You ***must*** send the following for registration to be complete:
 this Registration form HHCA Membership Application
 HHSC payment cheque(s) HHCA deposit cheque(s)
 Waiver HHCA Bingo Volunteer Form

Incomplete registration packages will not be processed.



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



2007 – 08 MEMBERSHIP APPLICATION

FAMILY MEMBERSHIP \$25

DATE (year/month/day): _____
(expires Aug 31 /08)

(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