Huntington Hills Skating Club

CanSkate10 (Preschool – Adult)

2010 Spring Registration

SKATER INFORMATION:

_____Returning HHSC member Skate Canada Number: _____

_____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: _____ ***(Mandatory. Primary means of club correspondence)***

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 Saturdays at **Cardel Place Arena**)

COST: PreSchool/Youth/Adult: $155 per session

SESSION 1	***SESSION 2***
April 10th – May 29th , 2010	April 10th – May 29th , 2010
9:00 – 9:45am	*9:45 – 10:30am*
O Preschool (4 - 5 yrs)	O Preschool (4 – 5 yrs)
O Youth (6 and up)	O Youth (6 and up)
	O Adult

PAYMENT INFORMATION: Make cheques payable to **HHSC**. Mail to HHSC Registrar at address below.

Incomplete registration packages will not be processed.

OFFICE USE ONLY:

__ Registration Form ***Cheque #_____*** ***Cheque Date _____***

__ Waiver

__ Legible Email Address

REGISTERED_____

☆ **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**