



FALL WINTER SKATING PROGRAM

OPERATED by: King City Skating Club #1000647

P.O. Box 22, King City, Ontario L7B 1A7



Skate Canada No. _____ Home Club: _____

E-Mail _____

Skaters First Name: _____ Last Name: _____

Birth Date: Month _____ Day _____ Year _____ Male/Female: _____

Address: _____

Street

Town

Postal Code:

Fathers First Name: _____ Last Name: _____

Mothers First Name: _____ Last Name: _____

Phone: _____ Cell: _____ Emergency: _____

CANSKATE:

Monday: A 5:45—6:30 pm or B 6:30 -7:15 pm (Oakridges)

Tuesday: 6:00—6:45 pm (King) Thursday 6:15 -7:00pm (King)

Saturday 8:30—9:45 am (Oakridges)

INTRO:

Monday: 7:00-8:00 pm (Oakridges) Saturday 8:30-9:45 am (Oakridges)

Thursday: 7:00-8:00 pm (King)

JUNIOR:

Tuesdays: 4:00-6:00 pm (King) Thursdays: 7:00-8:00 p.m. (King) Saturday: 8:30—9:45 am (Oakridges)

INTERMEDIATE:

Monday: 4:00-6:00 pm (King) Tuesday: 4:00-6:00 pm (King) Wednesday: 4:00-6:00 pm (King)

Thursday: 4:00-6:00 pm (King) Saturday: 10:30-12:00 pm (Oakridges)

SENIOR:

Monday: 4:00-6:00 pm (King) Tuesday: 7:00-9:00 pm (King) Wednesday: 4:00-6:00 pm (King)

Thursday: 4:00-6:00 pm (King) Saturday: 10:30-12:00 pm (Oakridges)

(Completed by KCSC)	COST
Registration Fee:	
Skate Canada Fee:	\$32.00
TOTAL COST:	
Payment: Cash Debt Cheque Visa/MC	
No. _____	

KING CITY SKATING CLUB RELEASE, WAIVER & INDEMNITY

The applicant agrees that the King City Skating Club and/or its representatives, directors, officials, or employees will not be held responsible for any accidents or loss, however caused and agrees to release them from all claims or damages which arise as of result or by reason of such accident or loss. I agree to abide by the official club rules and guidelines in all of my dealings with the King City Skating Club.

Signature (Parent/Legal Guardian if under 18 years old)

Date