

STAR SKATE STARS ON ICE SUMMER CAMP 2015 August 31 to September 3, 2015

Only First and Last name required for KWSC Skaters

PLEASE PRINT – THIS PORTION MUST BE COMPLETED IN **FULL**

Skate Canada # _____

Last Name _____

First Name _____

Address: _____

City: _____ Postal Code _____

Parents Name(s): _____

Primary Email*: _____

Primary Phone Number: _____

Sex: M F Date of Birth: Month ____ Day ____ Year ____

*By providing this email you agree that we can contact you on club business for one year.

For Office Use Only

Date Rec'd: ____/____/2015

Time Rec'd: ____:____

Rec'd By: _____

OFFICE

PLEASE PRINT – THIS MUST BE COMPLETED IN FULL OR YOUR FORM WILL BE RETURNED UNPROCESSED

Primary Program: _____

Coach(es): _____ Home Club: KWSC or _____

PROGRAM FEE

Camp Fee \$240.00

TOTAL Paid \$ _____

PAYMENT SCHEDULE: FOR OFFICE USE ONLY

METHOD OF PAYMENT

FULL AMOUNT PAID ON CREDIT CARD: _____

FULL AMOUNT PAID BY DEBIT: _____

FULL AMOUNT PAID BY CHEQUE: _____

PUBLICITY CONSENT

It is the desire of the Kitchener-Waterloo Skating Club to use our skaters' photographs, interviews and videos to promote their skating successes on our website, as well as through media releases for television and newspapers. **Consent:** I (parent or guardian) give permission to the KWSC to publish _____ print skater's name) name and/or photograph for the purpose of Club advertisement and promotion. I (parent or guardian) am aware that these names and/or photographs may be used on the club's website or sent to the media. I (parent or guardian) understand the nature and purpose of this consent. **Signature:** _____ (parent or guardian if under 18) **Date:** _____

RELEASE FORM – MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF UNDER 18

- Members and parents or legal guardians of members agree to hold KWSC, its Officers and Directors and their heirs and assigns, **free and blameless of any damage, accident or injury** which may occur to the member while participating in skating lessons, fitness classes, exhibitions, carnivals, competitions and tests and traveling to or from such sessions, exhibitions, carnivals or tests.
- The skater understands that he/she is responsible for ensuring his/her personal safety on the skating sessions. The skater will not enter on to the ice surface without first identifying a Club Professional Coach in attendance at the ice area.
- The undersigned acknowledges that they have read and agree to abide by the policies and procedures as outlined in the "Financial Information" section of the Spring 2015 STAR & Competitive Brochure, including the KWSC Refund Policy.
- The undersigned gives consent for the KWSC coaches and trainers to seek medical advice from a qualified practitioner or organization with regards to the skater's injury. Prior to any medical treatment administered approval from Parent/Legal Guardian will be obtained.

(PIPEDA) Personal Information Protection and Electronic Documents Act

The Kitchener Waterloo Skating Club would like to assure you that any information collected regarding the enrolment and payment for you or your family members will be kept private and confidential and used only for its intended purposes. All information will be stored in a secure manner in accordance with the Personal Information and Electronic Documents Act.

The Kitchener Waterloo Skating Club at no time will sell, lend or give your personal information to any group or person. This includes List Brokers, Mail Orders, Businesses, Telemarketers or other companies who would use it to sell their services or products.

Please Note: If you have completed any application for you and your family or anyone else you represent your representation implies you have obtained consent from them, even though they may not be present during the application process, for the Identified Purposes.

Name (Please Print) _____

Signature _____ Date _____