

Competitive Dance



For Office Use Only

Spring 2015 Registration

PLEASE PRINT - THIS PORTION MOST BE COMPLETED IN FOLL	<u> </u>				
Skate Canada #	Date Rec'd://2015				
Last Name	Time Rec'd::				
First Name	Rec'd By:				
Address:					
City:Postal Code	COACH APPROVED				
Parents Name(s):	COACHAFFROVED				
Primary Email*:					
Primary Phone Number:	OFFICE				
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 y	ear.				
PLEASE PRINT – THIS MUST BE COMPLETED IN FULL OR YOUR FORM WILL BE RETURNED UNPROCESSED					
Primary Program: Coach(es):					
Home Club: KWSC or					
Highest Test Passed (at time of submission): Freeskate Dance:	Skills:				

Competitive Dance Base Fee- Before March 31 st : \$145 After April 1 st : \$195							
Day	Time	Fee	Choice				
Monday	6:00 - 7:45am	\$113					
	7:45 - 8:15am	\$64					
Tuesday	6:00 - 7:45am	\$125					
	7:45 - 8:15am	\$71					
Thursday	6:00 - 7:45am	\$125					
	7:45 - 8:15am	\$71					
Friday	7:25 - 8:45pm	\$75					
Saturday	7:45 - 9:05am	\$64					

PLEASE NOTE:

Spring skating will be at Albert McCormick Arena (West Pad) from April 13th to May 10th and RIM Park Arena (CFSC) on May 11th to June 21st.

There is no skating on May & May 16th-18th (long weekend).

Payment		PAYMENT SCHEDULE: FOR	PAYMENT SCHEDULE: FOR OFFICE USE ONLY	
Base Fee (If applicable) \$		Method of Pav	Method of Payment	
Program Fees	\$	Amount Paid On Credit Card:		
_	ş	Amount Paid By Debit :	0.51.05 11.17.1.0	
Skate Canada Fee (\$32.70 if applicable) (KWSC Home Club Members only—paid once po	\$er membershin year)	Amount Paid By Cheque:	OFFICE INITALS	
Trest from club Wellbers only paid once po	si membersinp yeary	Amount Paid By Cash:		
Subtotal	\$		_	
Cradita: DA	()	Payment Plan - only cheques accepted	(not available after March 31 st 2015)	
Credits: PA	()	Upon Registration - 1st cheque		
Office	()	50% of Total Fees \$		
	·		OFFICE INITAL C	
Full Payment Discount	()	April 13th, 2015 - 2nd cheque	OFFICE INITALS	
\$50 using Cash, Cheque or Debit		50% of Total Fees \$		
or \$25 using Credit Card		TOTAL PAID \$		
TOTAL FEES	Ś	,		
101112122	*-	*ALL CHEQUES MUST BE DATED FOR THESI	E DATES. SEE PAYMENT Policy on	
4,5		STAR and COMP Spring Scho	ool 2015 Brochure	
*If you are participatir	_	Note: The \$32.70 Skate Canada membership	fee is owed if not yet paid for this	
program, the program with h	igher base fee will be	paid. membership year (Sept 1/	14 – Aug 31/15).	
All Forms Must	be Signed or will not b	e accepted into the KWSC office. Prioritization will be lost i	if not done so.	
		elow and in the Spring 15 Star and Competitive Brochure a		
Name (Please Print)				
Signature		Date	<u></u>	
			_	
It is the desire of the Kitchener West	orlan Skating Club to use	PUBLICITY CONSENT	a thair skating successes on our	
	_	our skaters' photographs, interviews and videos to promot newspapers. Consent : I (parent or guardian) give permission	_	
		me and/or photograph for the purpose of Club advertiseme		
		nay be used on the club's website or sent to the media. I (pa		
understand the nature and purpose	of this consent. Signatur	re:(parent or guardian if	f under 18) Date:	
		E SIGNED BY PARENT OR LEGAL GUARDIAN IF UNDER to hold KWSC, its Officers and Directors and their heirs are		
,	_	ee to noid KWSC, its Officers and Directors and their neirs ar hber while participating in skating lessons, fitness classes, ex		
and tests and traveling to or from suc			and a distribution of the competitions	
		nsuring his/her personal safety on the skating sessions. The	skater will not enter on to the ice	
surface without first identifying a Clu				
		gree to abide by the policies and procedures as outlined in		

- 3. 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.
- 4. The undersigned gives consent for the KWSC coaches and trainers to seek medical advice from a qualified practiser 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.