



144 WESTERN AVENUE, DELHI ONTARIO N4B 1S1

Adult Skate

REGISTRATION

Member Info

MALE FEMALE DATE OF BIRTH (M/D/Y) _____

NAME _____ MIDDLE _____ LAST _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

SKATE CANADA NUMBER _____ HOME CLUB _____ COACH _____

EMERGENCY CONTACT _____ PHONE NUMBER (Include area code) _____ EMAIL _____

FEE SCHEDULE

- Monday 7:30 - 8:20 (Oct 4th - Dec 13 - 10 weeks) \$ 275.00
- SKATE CANADA FEE - (one time per season) \$ 45.00
- Punch Card - 5 Sessions \$ 150.00

CASH CHEQUE # _____ PAID IN FULL **TOTAL** ►

** Please make all cheques payable to the Delhi Skating Club unless noted otherwise * This is you official tax receipt

DISCLAIMER OF LIABILITY & RELEASE OF CLAIMS

The participant, including his or her parents/guardians, in signing this registration form chooses to participate in this program at his or her own risk. The Delhi Skating Club and their instructors and or executive accept no liability for bodily injury, death or property damage, whether caused by negligence or by any other reason. Release: The participant and his or her parents/guardians release the Delhi Skating Club including their elected official instructors and agents, from all claims for loss or damage of any kind connected in any way to participation in this program, whether caused by negligence or otherwise. The Person signing this form acknowledges having read and understands the disclaimer and release and having voluntarily signed to indicate acceptance of the terms above. Skate Canada Insurance Fee or \$45.00 is Non-Refundable. Program refunds will be provided in the case that we are required to close down due to COVID-19, minus the ice time that has been completed and less the \$44.00 non-refundable Skate Canada Insurance Fee.

PHOTO RELEASE: Photos may be taken throughout the programming and may be used for promotional purposes.

I hereby grant The Delhi Skating Club to use my photo for Facebook and/or The Delhi Skating Club Website and/or other Delhi Skating Club Advertising materials. (Initial appropriate selection below)

YES _____ NO _____

NAME OF SKATER _____ SIGNATURE _____ DATE _____

Please advise of any medical concerns, allergies or suggested learning strategies (if applicable): _____