

# The Battlefords Skating Club

Box 1174 Battleford, SK S0M 0E0

www.battlefordsskatingclub.com

## Program Information & Registration

Date of registration: \_\_\_\_\_



Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_ Parents/Guardians names: \_\_\_\_\_

Skate Canada Registration # \_\_\_\_\_ Home Club (if not TBSC) \_\_\_\_\_

### Insurance Waiver

I/We \_\_\_\_\_, the parents of \_\_\_\_\_, hereby give my/our approval to his/her participation in the following The Battlefords Skating Club programs. I/we assume all risks and hazards incidental to such participation, and I/we do hereby waive, release hold blameless the organizers, sponsors, supervisors and participants for any claim arising out of injury. My/our child except to the extent covered by accident or liability insurance. If any injury occurs to my /our child, we do hereby give consent for my/our child to be taken to the nearest hospital, should TBSC be unable to locate a parent. I/We will furnish a birth certificate or other proof of age for the participant names above on the request of the Skating club.

\_\_\_\_\_ (signature of Parent /Legal Guardian)

### Consent Form

I hereby grant consent to The Battlefords Skating Club to use, on the bulletin boards or in the newspaper, photographs, featuring my child while skating or at Club functions with the understanding that appropriate sensitivity and good judgement will be employed in selecting photos to be used. I also hereby grant permission to Access Cablevision to record and televise my child for TBSC carnival.

\_\_\_\_\_ (signature of Parent /Legal Guardian)

### Check

#### Canskate (Mon & Thurs)

\_\_\_\_\_ Option 1 - \$550 - no fundraising

\_\_\_\_\_ Option 2 - \$250 + bingo + 1 box of chocolates or \$250 Mom's Pantry

TOTAL Amount Pd \_\_\_\_\_

Receipt # \_\_\_\_\_

There will be no refunds after 14 days less the \$30.00 SK Can. Fee

<b>Please make cheques payable to T.B.S.C. \$30.00 charge for any NSF cheques.</b>		
Post dated cheques: (1st or the 20th)		
# _____	Date: _____	Amt: _____
# _____	Date: _____	Amt: _____
# _____	Date: _____	Amt: _____
# _____	Date: _____	Amt: _____
# _____	Date: _____	Amt: _____
# _____	Date: _____	Amt: _____
First cheque issued September - February		