



Drop-In 2018/2019

Skater's Name: _____ M or F

Address: _____ City: _____

Postal Code: _____ Phone #1 _____ Phone #2 _____

Email: _____

Date of Birth / / Age as of Sept 1st _____ Health Card # _____
mm dd yy

Skate Canada # _____ Last Level Obtained _____
If Known If Known

Father's Name: _____ Mother's Name: _____
Needed for Official Receipt Purposes

Emergency Contact Name & Phone: _____

Any Information The Coaches Should be Made Aware Of: _____

Skate Canada Insurance & CSOS Admin/Membership Fee Valid September 1, 2018 - August 31, 2019 MUST BE PURCHASED EVERY YEAR	\$60.00 Mandatory
First time introductory punch card rate <i>(applicable to the first punch card only; extra time may be purchased at the rate below)</i>	\$40.00
Additional Punch cards	\$50.00
Total	\$ _____

Punch cards contain 3 hours of ice time split into 15 minute increments

Please make cheques payable to: Cypress School of Skating
There will be a \$35.00 charge for any returned cheques

MasterCard/Visa			
Expiry Date		3 Digit Code	
Signature			

Cancellation Policy:

THERE WILL BE NO REFUNDS ON REMAINING MINUTES ON PUNCH CARDS
Cypress School of Skating Punch Cards have no expiry date

Release:

By my participation in this event, I consent to the known and foreseeable physical risks inherent in the sport of skating. These risks include but are not limited to; travel to and from the rink, ice conditions, equipment failure, falls, collisions with other participants and/or instructors and facility conditions. In assuming these risks, I, the undersigned, forever release, for myself, my heirs and any person acting on my behalf, Cypress School of Skating, City of Medicine Hat, Skate Canada, its directors, employees, volunteers, coaches, instructors, independent contractors, agents and sponsors, from any claim arising from my illness or injury to my person as a result of my participation in Cypress School of Skating.

Parent/Guardian Signature: _____ Date: _____

Publicity Waiver:

I agree that my skater could have his/her name/photo published or publicly displayed by the Cypress School of Skating

_____ Initials

I do not agree that my skater could have his/her name/photo published or publicly displayed by the Cypress School of Skating

_____ Initials

Email Legislation:

I give Cypress School of Skating permission to email me schedule updates, upcoming events, registration information, etc.

_____ Initials

CYPRESS SCHOOL OF SKATING USE ONLY

Cash / Cheque #	Visa/MC Auth #	Receipt #
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