



Lakefield Skating Club: STARSkate Registration Form 2024-2025
PO Box 1761 LAKEFIELD ON K0L 2H0

Please note: All fields are required by Skate Canada (our governing body). Incomplete registrations will be returned.

First Name: _____ Last Name: _____

Birth Date: Month (e.g., JULY) _____ Day _____ Year _____ Age: _____

Mailing Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Parent(s)' Name(s): _____

Email: _____
The Lakefield Skating Club uses email to keep you informed of program information, including registration, events, important dates, and fundraising. To unsubscribe from our distribution list at any time, please respond to our email with a subject line of: Unsubscribe.

If you/your child have any conditions that may affect ability to fully participate in our program, please speak to a Board Member in advance of registration.

Parents are required to remain at the arena during lessons. The athletes/parent(s)/legal care custodians agree that the Lakefield Skating Club and/or its Proprietors will not be held responsible for any accident or loss, however caused, and agrees to release the proprietors from all claims and/or damages which may arise as a result of/or by means of such accident or loss.

I acknowledge that the Lakefield Skating Club may take pictures and/or videos of me/my child for LSC newsletters, website or other displays, and that these images may be copied as they are on the public domain.

Signature: _____ Date: _____

Have you/your child previously been registered with the Lakefield Skating Club? Yes, year: _____ No

Have you/your child ever been registered with another club? Yes, club&year: _____ No
Skate Canada # _____ If skating in more than one club, designate home club: _____

Days: Mondays October 21 to December 23 and January 6 to March 10 7:00-8:00pm
Thursdays October 10 to December 19 and January 9 to March 20 6:00-7:00/8:00pm

STARSkate Costs:	1 hour/week Ice Time	\$370.80	_____
	2 hour/week Ice Time	\$669.50	_____
	3 hour/week Ice Time	\$849.75	_____
	Mandatory Skate Canada fee		PLUS: \$58.70
		TOTAL:	_____

Payment Method: eTransfer to lakefieldskating@gmail.com (indicate skater's name in comment)

For Board Use Only:

Amount: _____ Date: _____ Paid : full or owing: _____

Skate Canada Registration Date: _____ or Registered with another club: _____
 Email address added to group: _____ Withdrawn: _____