



PO Box 24, Lakefield, ON K0L 2H0

CanSkate/Advanced CanSkate
Registration Fall 2020

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., JUL) _____ Day _____ Year _____ Age: _____

Gender: Male Female Another Prefer Not to Disclose

Mailing Address: _____ City: _____

Postal Code: _____ Phone Number: (H) _____

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

One parent is permitted to remain at the arena during lessons. The athlete/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 photos and/or videos of my child for LSC newsletters, website or other displays, and that these images may be copied as they are in the public domain.

Signature: _____ Date _____

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

Has your child ever been registered with another club? Yes, club/year: _____ No

Skate Canada # _____ If skating in more than one club, designate home club: _____

CanSkate Stages 1, 2, 3:

10 wks (Oct - Dec) MON or SAT \$156.35 _____

Advanced CanSkate Stages 4,5,6 10 wks (Oct - Dec) MON (7-8 pm) \$208.00 _____

Skate Canada Fee: EOS Levy & Accident Insurance (MANDATORY-paid once/season) **PLUS \$43.65**

Sibling Discount: (applied once/season only) Yes No Minus _____
-\$25.00/additional sibling **TOTAL:** _____

Payment Method: Cheque (Payable to Lakefield Skating Club - no post-dated cheques)
 eTransfer to lakefieldskating@gmail.com (indicate skater's name in comment)

For Board Use Only: Payment included with sibling(s): _____ Alternate Funding: _____
Amount: _____ Chq # _____ Date: _____ Paid: full or \$owing: _____
If owing, final payment date: _____

Skate Canada Registration Date: _____ **OR** Registered with another club
 Email address added to group: _____ Withdrawal date: _____ Amount: _____