



PO Box 24, Lakefield, ON K0L 2H0

StarSkate
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 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.

One parent may 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: Thursdays (Oct 15–Mar 11) 6:05-6:55/7:55 pm (1 or 2 hours)

STARSkate Fees:	1 hour/week Ice Time – Fall	\$180	_____
	2 hour/week Ice Time - Fall	\$325	_____
	Mandatory Skate Canada fee (one time fee/season)	PLUS: \$43.65	

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:

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

Additional Payments:

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

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

Skate Canada Registration Date: _____ or Registered with another club: _____

Email address added to group: _____ Withdrawn: _____