

**Warren Skating Club
Adult Registration 2011-2012**

Skaters Name: _____ Middle Initial: _____

Age: _____ Date of Birth: M _____ D _____ Y _____ Male: _____ Female: _____

Address: (Box #): _____ Town: _____ Postal Code: _____

Mother's Name: _____ Phone No. _____

Father's Name: _____ Phone No.: _____

Cell Number; _____ Email Address: _____

Existing Skate Canada Number: _____ Home Club: _____

| | |
|--|-----------------|
| Skate Canada Registration Fee (Non-Refundable) | \$30.00 |
| Registration Fee | <u>\$ 85.00</u> |
| Total | \$115.00 |

| | |
|-----------------|------------|
| Office Use Only | |
| Paid By | |
| Cheque _____ | Cash _____ |

CHEQUES MADE PAYABLE TO WARREN SKATING CLUB.

Times subject to change depending on numbers registered, availability of ice
Skate Canada is non-refundable.
In case of mishaps or illness and parents cannot be reached, please indicate

nt to

Name: _____ Phone: _____

In case of an accident or emergency, if unable to contact parents/guardians and your child requires transport by ambulance, the Warren Skating Club is required to follow protocol to the Regional Health Authority EMS Program.

Medical Number: (6 Digit) _____ (9 Digit) _____

PLEASE NOTE: At times throughout the season, members of the Club Executive may take videos or photographs of the skaters on and off the ice. These photos are for use on the bulletin board at the arena or for publication in local papers.

Please check one of the following:

Please note the Warren Skating Club cannot be responsible for photos or videos taken by other parent or visitors to the arena. It is up to each parent to monitor your own child's participation in these instances.

By signing this agreement, I acknowledge that I have read the policies and understand them and I am in agreement with their provisions.

This signing of this form constitutes full release and absolve of any responsibility on the part of the Warren Skating Club, coaches and its officers for any mishap while participating in Warren Skating Club.

Consent to collection, use and disclosure of Personal information: I understand that, by completing certain personal information about my child, me and other members of my Family including if necessary, my Manitoba Health Services registration number. I also understand that this personal information will be used only for the purpose of registering in the Warren Skating Club, and that such use will necessarily involve the disclosure of this personal information to the appropriate sport association and/or the appropriate sport umbrella group (s), coach (s), and manager (s) as may reasonable be required in order to conduct the Warren Skating club. I hereby consent to such collection, and use and disclosure of this personals information.

Signature: _____ Date: _____