

**Warren Skating Club  
Rising Stars 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

Raffle Tickets \$20.00

Registration Fee \$350.00

**Total \$400.00**

Cheque Dated Today - \$50.00 + ½ registration Fee \$225.00

Post Dated Cheque Jan. 01 – ½ registration Fee \$175.00

**CHEQUES MADE PAYABLE TO WARREN SKATING CLUB.**

Times subject to change depending on numbers registered, availability of ice. Skate Canada is non-refundable.

Office Use Only	
<b>Paid By</b>	
Cheque _____	Cash _____
\$225.00 – Today	
\$160.00 – January 1, 2012	

ent to

In case of mishaps or illness and parents cannot be reached, please indicate whom  
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 or for publication in local papers.

Please check one of the following:

I give permission for executive members of the Warren Skating Club to video or photograph my child. I understand that these photos may be used in local papers and for posting on the bulletin board at the arena.

I do not give permission for my child to be photographed or videoed by members of the Warren Skating Club executive.

**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.

The 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 personal information.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_