



Skate Canada

EXETER SKATING CLUB
P.O. Box 233
Exeter, ON N0M 1S6

CANSKATE FALL REGISTRATION FORM – SEPTEMBER, 2022

Skater Name	M ____ F ____	Birthdate
Address		Postal Code
Home Phone	Business Phone	
Email	Health Card	
Family Doctor	Phone	
Parent/Guardian(s)		
Skate Canada #		

CATEGORY	DAYS	TIME	1 DAY	2 DAYS
CANSKATE	MON & THURS	5:55 - 6:40	\$315.00	\$415.00

Check the day you are registering for: MONDAY ____ THURSDAY ____

(PLEASE NOTE WE ARE ONLY OFFERING 1 DAY AT THIS TIME – if you would like to be added to the 2 day wait list please initial here) {will be additional \$100} _____

Has your child ever skated before: YES ____ NO ____

PAYMENT

REGISTRATION FEE: \$ _____
(Skate Canada fee of \$45 is already included in registration fee)

PLUS: Fundraising Opt-Out: if you choose not to fundraise this season
One skater - \$100 or Two Skaters - \$150 + _____

Registration Total (Dated SEPT 8, 2022) \$ _____ Cheque

FUNDRAISING (POST Dated MAR 1, 2023) \$ _____ Cheque

If you choose to fundraise this season:
One Skater - \$125 or Two Skaters - \$175

VOLUNTEER HOURS - \$300 (POST Dated MAR 1, 2023) \$ _____ Cheque

As a member of ESC, it is mandatory that a parent/guardian of each skating family be responsible for at least two volunteer shifts during the skating season. Sign-up opportunities will be available as the skating season begins. The cheque will not be cashed if you fulfill your shifts, otherwise, the cheque will be cashed.

MEDICAL RELEASE AND CONSENT-In the event of illness or accident, full consent by the undersigned is given to the adult or physician in charge to do whatever necessary for the well being of the skater. The ESC will not be held responsible for any accident or injury to the skater.

CONFIDENTIALITY-The ESC does not release names, numbers and/or other information to other parties. Names and numbers will be given to individuals for committee purposes only.

MEDIA RELEASE-The ESC is permitted to use the image and name of the skater named above in any media or promotional item.

PARENT/GUARDIAN SIGNATURE _____

DATE _____