

Champions Training Centre

Recreational Registration Form

Fall School 2019 - 5 week program

Skater Name:	Parents Name:
Address:	City Postal Code
Email Address:	Birthdate: Month _____ Day _____ Year _____
Home Phone #	Last Badge Passed:
Indicate Male/Female	Skate Canada #

To learn more about the programs, download the "description of programs" (on website)

Once you have decided which is the most appropriate program for your child please mark an "x"

September 3 - October 7, 2019		Preston Auditorium	
Buddies on Blades			
Wednesday - 6:10pm - 6:40pm			
Thursday - 5:50pm - 6:20pm	<input type="checkbox"/>		
Saturday 1:30pm - 2:00pm	<input type="checkbox"/>		
CanSkate - Learn to Skate			
Wednesday 6:10pm - 6:55pm	<input type="checkbox"/>	Saturday 1:15pm - 2:00pm	<input type="checkbox"/>
Thursday 5:35pm - 6:20pm	<input type="checkbox"/>		
CanFigure Skate - Advanced Recreational *			
Thursday 5:35pm - 6:20pm	<input type="checkbox"/>	Saturday 1:15pm - 2:00pm	<input type="checkbox"/>
* Mandatory: Wednesday 6:10pm - 6:55pm			
Hockey Skills Program			
Thursdays 5:35pm - 6:20pm	<input type="checkbox"/>		

Insurance Policy: All skaters participating in the above programs are required to purchase insurance. The annual fee (Sept to Aug) is \$ 43.00. If you register your child for the fall program, you will not be required to purchase the insurance again with the winter registration form (if it is a sanction skating club. I.e: Preston FSC) Please add to your fees.

Fee Structure:	Indicate Program	Check Selection of Days			Fee		Grand Total	
		Wednes	Thurs	Saturday				
Pre-School (Buddies)					\$ 47.50	=	\$ -	
CanSkate (learn to skate)					\$ 58.85	=	\$ -	
CanFigureSkate *					\$ 76.60	=	\$ -	
Hockey Skills Program		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	\$ 65.00	=	\$ -	
							Subtotal	\$
							HST	\$
							Subtotal	\$
Annual Insurance Fee					\$ 43.00	=	\$43.00	
Total:							\$	\$

By typing your initials in this square you have confirmed that you have read the payment policy procedure and accept these conditions. To review see document below registration form on web.

Would you like information on private one on one lesson:yes or no

Payment Procedure:	Indicate Type of Credit Card: (choice VISA or Mastercard)
Cardholder Name:	_____
Credit Card Number:	_____ 3 or 4 digit on back of card
Expiry Date:	_____ Phone Number: _____