

Champions Training Centre

Recreational Registration Form

Spring School 2019 - 10 week program

Skater Name:	Parents Name:
Address:	City Postal Code
Email Address:	Indicate Male / Female:
Home Phone #	Last Badge Passed:
Birth Date:	Skate Canada #

To learn more about the programs, download the "description of programs"

{this is located just below this application form on the website}

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

Spring School 2019	April 15 to June 24, 2019	Hespeler Memorial Arena
Buddies on Blades		
Wednesday: 5:30pm - 6:00pm	_____	Thursday: 6:25pm - 7:25pm
Wednesday: 6:00pm - 6:30pm	_____	Thursday: 6:55pm - 7:25pm
CanSkate - Learn to Skate		
Wednesday: 5:30pm - 6:30pm		Thursday: 6:25pm - 7:25pm
CanFigure Skate - Advanced Recreational *		
Wednesday: 5:30pm - 6:30pm		Thursday: 6:25pm - 7:25pm
Learn to Skate Hockey Skills		
Thursday: 6:25pm - 7:25pm	_____	

Insurance Policy: All skaters participating in the above programs are required to purchase insurance. The annual fee (Sept to Aug) is \$ 36.00. If your child skated this winter with a skate canada skating club (ie: Preston FSC), you have already paid for this insurance. Please provide documentation. If you have not, please add to your fees.

Description:	Indicate Program	One Day Fee	2nd Day Fee	Total
Pre-School (Buddies)		\$ 65.95	\$ 54.20	\$
CanSkate (learn to skate)		\$ 83.50	\$ 70.00	\$
CanFigureSkate *		\$ 83.50	\$ 70.00	\$
Learn to Skate - Hockey		\$ 88.50		\$
			Subtotal	\$
			HST	\$
Annual Insurance Fee (if not already purchased)			\$ 36.00	\$
			Total:	\$

* Registration before March 10, 2019 to receive the 2nd day discount

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 lessons yes or no

Payment Procedure:	Cardholder Name:
Credit Card #:	' _____ '
3 Digit # (on back of card)	_____
Expiry Date:	' _____ ' Phone Number: