

## Fall School 2018

# **Accelerated Program**

Office Use Only:	
Date Received/Time:	

#### September 4 - October 8, 2018

Name			
Address			
City	Province	Postal Code	
Telephone #		Work #	
Email address		Skate Canada #	

## Part A: Package Information

On a weekly basis this program is offered on two or three days. Continuous movement on the ice - 50 minute session Skater to coach Ratio: 4 or 7 skaters to one coach

# Part B: Tentative Schedule

All Classes held at Preston Aud.

Tuesday Package Includes:	6:10pm - 7	':00pm	
6:10pm - 6:25pm - Stroking Class			
4:25pm 7:00pm Skating Sossion			

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6:10pm - 6:25pm - Stroking Class		
6:25pm - 7:00pm - Skating Session		

Wednesday Package Includes:		pm - 6:45pm
5:55pm - 6:05pm - Stroking Class		
6:05pm - 6:45pm - Skating Session		

Saturday Package Includes:	1:10pm - 2	2:00pm
1:10pm - 1:25pm - Stroking Class		
1:25pm - 2:00pm - Skating Session		

1 to 2 private lessons per week are recommended. However not necessary for participation in the accelerated program.

Please identify how many lessons per week you request:

Insurance Policy: All skaters participating in the above programs are required to purchase insurance. The annual fee (Sept to Aug) is \$ 36.00. 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. ie: Preston FSC)

Please "X" the sessions you will be attending.

Part C:	Day		Discount	Regular	
	Requested		Fee	Fee	Total
Tuesday P	ackage	@	\$99.85	\$117.82	\$
Wednesda	y Package	@	\$99.85	\$117.82	\$
Saturday F	Package	@	\$99.85	\$117.82	\$
Skate Can	ada Insurance	@	\$36.00	\$36.00	\$

Please review packages and if you have any questions about the packages or require other options, contact the CTC office @ 519-624-4532

**Sub Total** HST (13%) \$ \$ **Total** 

Make Cheques Payable to: Champions Training Centre

50% Deposit July 12, 2018

Mail to: 6 - 425 Hespeler Road, Suite # 322

Cambridge, ON, N1R 8J6

Balance

Phone: 519-624-4532, Email: info@skatectc.com

August 10, 2018

I, the undersigned, accept full financial responsibility for this application form. I understand that there will be no refunds of deposits or due balances after the deadline dates. I agree that Huston, Wheeler & Wheeler Skating Schools (KLFSS Inc). will not be held responsible for any accidents or loss, however caused and agree to release indemnity and save harmless the Huston, Wheeler & Wheeler Skating Schools (KLFSS Inc). from all damage or claims as a result of such accidents or loss.