



CROSSFIELD SKATING CLUB

PO Box 603
Crossfield, Alberta T0M 0S0
crossfieldskatingclub@gmail.com
www.crossfieldskating.com

2018-2019 JUNIOR STARSKATE REGISTRATION FORM



Skater's Information

Skater's First Name: _____ Skater's Last Name: _____

Skater's Date of Birth: _____ Male / Female: _____ Skater's Age: _____

Skater's Alberta Health Care No.: _____ Skate Canada No.: _____
(If your child has a SCN, required for registration with Skate Canada)

Skating History: Registered Previously w/ Club? Yes / No

Contact Information

Parents'/Guardians' Name(s): _____

Email Address: _____ Phone: _____
{Email address is essential to receiving skating information throughout the skating season}

Mailing Address: _____ Town/City: _____ Postal Code: _____

EMERGENCY CONTACTS:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

**** Please note dates and times are subject to change****

****Please note that private lessons are available for purchase- contact your coach for more information**** ****Please note that additional costs will be the responsibilities of the parents of those attending test days and competitions e.g. ice, coaching, event fees****

Days missed due to health reasons or vacation will not be made up*

		REGISTRATION	√ MARK PROGRAM BEING REGISTERED FOR:
Offered 2 Days a Week	Tuesday 3:45 pm – 5:00 pm Thursday 3:45 pm – 5:00 pm	\$700.00	
Offered 3 Days a Week	Tuesday 3:45 pm – 5:00 pm Thursday 3:45 pm – 5:00 pm Friday 3:15 pm – 4:15 pm	\$800.00	
Off Ice 1 Day a Week (Mark full or drop in) (Drop in payment must be made at the start of the session)	Friday 2:15-3:00 pm	<input type="checkbox"/> \$75.00 - Full Season <input type="checkbox"/> \$5.00 - Drop in	
Skate Canada Fee (\$35.65) * mandatory fee per skater includes, insurance*		Included	
Carnival Costume (\$50.00) *anything over the \$50 will be the responsibility of the skater*		Included	
Memory Mate *additional photos available at the responsibility of the skater*		Included	
TOTAL (GST Included)			

<p>(Separate Cheque <u>postdated for March 29, 2019</u>) Volunteer Cheque <i>Starskate - (20 hours)</i> <i>*volunteer cheques will be cashed if you have not completed and submitted your hours*</i> <i>**Casino is mandatory for all Starskaters – Sept 24/25, 2018 – receive 8 volunteer hours**</i></p>	<p>\$600.00</p>
--	-----------------

***Payment & Volunteer Cheque must be provided with registration form or the application is considered incomplete.
The skater will not be permitted on the ice until initial payment and volunteer cheque is received***

<p>REFUNDS NO REFUNDS AFTER THE FIRST DAY OF SKATING FOR AGES 5 AND UP, UNLESS ACCOMPANIED BY A MEDICAL CERTIFICATE.</p>
--

NSF CHARGE: \$40.00

ELECTRONIC FUND TRANSFER (EFT)

Skaters Name: _____

I/We _____ guarantee that I/we will make payment via EFT as described below:

- Lump Sum** _Due by September 14, 2018

- Two Payments:** 1st payment due at time of registration 2nd payment for January 1st 2019
2 Days a Week - \$700.00/2 = \$350.00 (w/off ice \$775.00/2= \$387.50)
3 Days a Week - \$800.00/2 = \$400.00 (w off ice \$475.00/\$237.50)

- Monthly:** Due at time of registration (includes 1st and 7th month payments). Due the 1st of each Month
2 Days a Week - \$700.00/ 7 = \$100.00 (w/off ice \$775.00/7= \$110.14)
3 Days a Week - \$800.00 / 7 = \$114.29 w/off ice \$875.00/7=\$125.00

AND

Agree that any payment missed maybe grounds for refusal to continue with lessons and access to the ice.

Parent/Guardian Name: _____

Signature: _____ Date: _____

<p>Fee Payment by E-Transfer</p>
<ol style="list-style-type: none"> 1. Send to email: crossfieldskatingtreasurer@gmail.com 2. Make your security questions - What is the password given? 3. Make your answer to the security question - Ccscskate2019 4. Fill in the message text box with the <u>first and last name of each skater</u> you are paying for and <u>what program they are registered in or item you are paying for.</u>

CLUB USE ONLY

PAYMENT OPTIONS:

Season fees paid by:

Lump Sum: Cash Cheque (Cheque # _____) EFT (Confirmation # _____)

Payment received by and date: _____

***Two Payments:** 1st payment due at time of registration 2nd payment with postdated cheque of E-Transfer for January 1st 2019

2 Days a Week - \$700.00/2 = \$350.00 (w/off ice \$775.00/2= \$387.50)

3 Days a Week - \$800.00/2 = \$400.00 (w off ice \$475.00/\$237.50)

***Monthly:** Total cost of divided by 7 months with postdated Cheques or E-transfer payments as follows:

2 Days a Week - \$700.00/ 7 = \$100.00 (w/off ice \$775.00/7= \$110.14)

3 Days a Week - \$800.00 / 7 = \$114.29 w/off ice \$875.00/7=\$125.00)

Payment 1: Due at time of registration (includes 1st and 7th month payments):

Cash Cheque EFT (Cheque #/ EFT # _____)

Payment 2: Due October 1st: Cash Cheque EFT (Cheque #/ EFT # _____)

Payment 3: Due November 1st: Cash Cheque EFT (Cheque #/ EFT # _____)

Payment 4: Due December 1st: Cash Cheque EFT (Cheque #/ EFT # _____)

Payment 5: Due January 1st: Cash Cheque EFT (Cheque #/ EFT # _____)

Payment 6: Due February 1st: Cash Cheque EFT (Cheque #/ EFT # _____)

Volunteer Cheque paid by Cheque # _____

SKATE CANADA'S NOTICE OF COLLECTION STATEMENT:

Your privacy and the protection of your personal information is important to us. Your personal information is required to register you with Skate Canada in any capacity, including, without limitation, as a Skate Canada registrant, coach or in connection with your affiliation with a skating club or skating school and to administer various services, such as Skate Canada events. Your personal information may also be exchanged with Skate Canada affiliates which includes your local skating club or skating school or provincial association or section. By submitting this form, you expressly provide your consent to the sharing of your personal information with Skate Canada and as described herein for purposes of registration and receipt of national services delivered by Skate Canada. We adopt the 10 Fair Information Principles into our privacy program, and employ reasonable measures to protect against unauthorized access, processing, disclosure, alteration, destruction or loss of your personal information. See [Skate Canada's Privacy Policy for more details](#). For further information or comments regarding our protection of your privacy, please contact Skate Canada at safesport@skatecanada.ca.

The information collected on the registration form contains personal information covered by the Freedom of Information and Protection of Privacy (FOIP) Act. This information is required to properly register your child within Crossfield Skating Club. Once this information is collected and compiled, Crossfield Skating Club believes the uses listed below are part of a vital, healthy and functioning club, and participation of all students is **IMPORTANT** and encouraged.

We realize that there may be occasions where you have concerns relating to the safety of your child with respect to the use of this information. In that case, please contact the President of the Crossfield Skating Club at crossfieldskatingclub@gmail.com.

Examples of activities where personal information may be used are:

Publishing your child's name and/or photo on arena bulletin boards, trophies, carnival programs, newsletter, newspapers, website and any other areas pertaining to the "skating world"

Photos/videos of skating activities that are open to the general public may be taken and used for purposes within and outside the skating club. The skating club may not be able to restrict such activity at public events.

***Please note: Crossfield Skating Club must ensure that parents' e-mail addresses will not be used in a fashion that would make them available for public consumption.*

LIABILITY AND WAIVER

1. I understand and agree as a condition of participation in the programs offered by the Crossfield Skating Club and Skate Canada, the Executive, Coaches and Assistants shall not be liable for any injuries or accidents resulting from any of the activities associated with the club whether on the premises or during travel to, from or while participating in skating practices, competitions or tests off of the Crossfield Skating premises. I further agree that if my child requires any medical treatment during this skating season, and I am not present, I give my permission for the coaches to arrange for medical help.
2. I give my permission for the Crossfield Skating Club to place my child's name and/or picture on arena bulletin boards, trophies, Carnival programs, newsletters, newspapers, websites, etc.
3. We acknowledge and agree to abide by the CSC Code of Conduct
4. We acknowledge and agree to abide by the CSC Helmet Policy.

Declaration

I hereby declare that I have read and understand the information contained on this skating registration form and the "Use of Personal Information" section and the information I have provided is correct and I have read and accepted the **Parents Code of Conduct** (provided under separate cover):

Skaters Name: _____

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

VOLUNTEER POSITIONS

(not limited to)

The club functions on the help of our volunteers. We have several events throughout the skating year that we need your help and support with. Our skating registration fees are kept to a reasonable level due to the volunteer commitment of our parents.

If you have more than one child enrolled, the volunteer requirement is per family not child. All participants are required to submit a volunteer cheque at time of registration. **Cheques will be cashed if hours are not met.**

Please indicate which positions you are interested in and an information sheet will be mailed out. Positions are on a first come first serve basis, expect board positions which are filled at our AGM.

Board Positions Available

- President Vice President Treasurer Secretary Volunteer Coordinator Parent Rep
 Test Chair Registrar

Event Positions Available (not limited to)

- Fundraising Coordinator Christmas Party Picture Day Starskate Showcase

Evening-Out Fundraiser (not limited to) – November 24, 2018

- Set up take down (done on Sunday morning) Door Greeter/entrance table selling of 50/50 tickets
 Help with manning the Silent Auction Table Help with set up/clean- up of Midnight lunch

Carnival Positions Available (not limited to)

- Costume Coordinator Costume Parent (each level) Producing Programs
 Playing Music Puck Toss 50/50 Purchasing & Selling Flowers MC
 Purchasing & Selling Teddies Raffles Set Up Take Down Greeting Table
 ICE Captain (coach assistant)

Please be prepared to take on one or more of the above noted positions to complete your volunteer hours for the 2018/2019 skating year.

All positions must be filled in order for these events to occur.

Fundraising

There will be one mandatory club fundraising event every year. Watch for details to follow.

Skater(s) Name: _____

Parent/Guardian Name: _____ Email Address: _____