

Crossfield Skating Club

Senior Starskate 2024-2025 Registration



Crossfield Skating Club
 PO Box 603, Crossfield, Alberta T0M 0S0
 crossfieldskatingclub20@gmail.com www.crossfieldskating.com

Skater's Information

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

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

Skater's Alberta Health Care No.: _____ **Skating History:** Registered Previously w/ Club? Yes / No

Primary Residence: Crossfield Airdrie Carstairs Rocky View County Mountain View County Other _____

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 & could be cancelled due to lack of registration minimums. ****

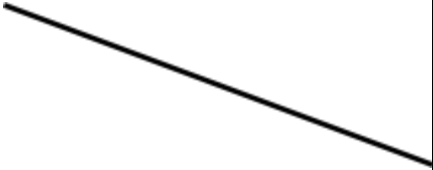
****Please note that private lessons are available for purchase- contact your coach for more information****

****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
REGISTERING
FOR:

| | | | |
|---|---|---|-----|
| 2 Days a week (select two) | <input type="checkbox"/> Monday 3:45 pm - 5:15 pm <input type="checkbox"/> Tuesday 3:45 pm - 6:15 pm <input type="checkbox"/> Thursday 3:45 pm - 5:15 pm <input type="checkbox"/> Friday 3 pm - 5 pm | \$915.00 | |
| 3 Days a week (select three) | <input type="checkbox"/> Monday 3:45 pm – 5:15 pm <input type="checkbox"/> Tuesday 3:45pm – 6:15 pm <input type="checkbox"/> Thursday 3:45 pm – 5:15 pm <input type="checkbox"/> Friday 3 pm - 5 pm | \$980.00 | |
| 4 Days a week | <input type="checkbox"/> Monday 3:45 pm - 5:15 pm <input type="checkbox"/> Tuesday 3:45 pm - 6:15 pm <input type="checkbox"/> Thursday 3:45 pm - 5:15 pm <input type="checkbox"/> Friday 3 pm - 5 pm | \$1,025.00 | |
| Program Assistants (PA) Senior skaters are offered an opportunity to PA during our Canskate program. | <input type="checkbox"/> Monday 5:30 pm - 6:15 pm <input type="checkbox"/> Thursdays 5:30 pm - 6:15 pm |  | N/A |
| Senior Starskate Volunteer Bond 16 volunteer hours required Volunteer Cheque postdated April 1, 2025 OR *NEW THIS YEAR* Pre-authorized Debit Agreement Form or cheque must be handed in prior to first day of skating Money will not be withdrawn if volunteer hours are met | | \$500 | |
| Skate Canada Fee (\$58.65) <i>* mandatory fee per skater, includes insurance*</i> | | Included | |
| Memory Mate <i>*additional photos available at the responsibility of the skater*</i> | | Included | |
| Carnival Costume (\$50.00) <i>*anything over the \$50 will be the responsibility of the skater*</i> | | Included | |
| | | | |
| TOTAL (GST included) | | | |

Payment & Volunteer cheque or PAD agreement 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 bond is received.

REFUNDS

NO REFUNDS AFTER THE FIRST 30 DAYS OF SKATING FOR 3 YEAR OLDS
NO REFUNDS AFTER THE FIRST DAY OF SKATING FOR AGES 5 AND UP, UNLESS ACCOMPANIED BY A MEDICAL CERTIFICATE.

NSF CHARGE: \$40.00

CLUB USE ONLY PAYMENT OPTIONS

Season fees paid by:

Lump Sum: Cash Cheque (Cheque # _____) Electronic Funds Transfer (EFT)

Payment received by and date: _____

Two Payments: 1st payment due at time of registration & 2nd payment with postdated cheque for January 1, 2025

Monthly - total cost divided by 7 months with postdated cheques OR Electronic Funds Transfers (as outlined below).

Volunteer Cheque paid by Cheque # _____ **OR Volunteer PAD Agreement submitted** _____

ELECTRONIC FUND TRANSFER (EFT)

Skaters Name: _____

I/We _____ guarantee that I/we will make payment via Electronic Funds Transfer as described below:

Lump Sum: Due by September 19, 2024

Two Payments: 1st payment due at time of registration & 2nd payment due January 1st, 2025

2 Days a week: $\$915.00/2 = \457.50

3 Days a week: $\$980.00/2 = \490.00

4 Days a week: $\$1,025.00/2 = \512.50

Monthly: Due at time of registration (includes 1st and last month payments), due the 1st of each month

2 Days a week: $\$915.00/7 = \130.71

3 Days a week: $\$980.00/7 = \140.00

4 Days a week: $\$1,025.00/7 = \146.43

AND

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

Parent/Guardian Name: _____

Signature: _____ Date: _____

Fee Payment by E-Transfer

- Send to email: crossfieldskatingtreasurer@gmail.com
- Fill in the message text box with:
 - the first and last name of each skater you are paying for
 - what program they are registered in or item you are paying for.

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 crossfieldskatingpresident@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.

The club may use your child and or their skating group in videos or photos for coach testing purposes.

Please check if you **DO NOT** give permission for your child to participate in coach testing videos or photos.

****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: _____