



PLATTSVILLE FIGURE SKATING CLUB REGISTRATION FORM
SEPTEMBER 14, 2026 TO APRIL 2, 2027
CANSKATE

Full Name:	
Street Address:	
City:	Postal Code:
Birth Date: (MM/DD/YYYY)	Gender:
Age:	
Skate Canada Number:	Parent/Guardian Names:
Contact Name:	Contact Phone Number:
Contact Email Address:	
Health or Other Concerns:	

The Plattsville Figure Skating Club reserves the right to move skaters between classifications depending on the skater's ability. The Plattsville Figure Skating Club has the right to change the schedule depending on registration and to accommodate special circumstances such as test sessions and other emergency situations, or to cancel any session without notice due to arena closures and inclement weather.

Media Permission: Unless OPT-OUT is circled, it is understood that permission is granted as follows —
*I give my permission for the Plattsville Figure Skating Club to use my image (photograph or video) on the Club website or to promote club events and activities. **OPT-OUT***

WAIVER: Applicant hereby waives all claims, rights, or causes of action against the Plattsville Figure Skating Club, its officers, directors, employees, or members for personal injury or loss of property of any nature, however or wherever sustained

Signature of skater or of parent/guardian if skater is under 18

Date

PROGRAM	DAY	TIME	STARTING DATE		COST	Skate Canada Fee	PLEASE SELECT YOUR CHOICE
Canskate	Monday	5:50-6:35 pm	Sept. 14, 2026	1 day	\$450.00	\$65.70(paid at registration)	
Total:							

Please note:

1. Mark day(s) requested – subject to coaches discretion and availability.
2. Skate Canada fee of \$65.70 is mandatory for all skaters and is non-refundable. This is paid at time of registration.

Payment, Refund and Withdrawal Policy: Payment plan must be clarified at time of registration. We accept cash, cheques made payable to Plattsville Skating Club or etransfers to plattsvilleskatingclub@gmail.com Registrations Fee's can be paid in full or in 4 equal installments (September 14, October 14, Novmeber 14, December 14). Installments can only be paid by post dated cheques or etransfers. NSF cheques will be subject to a \$40.00 administration Fee. All fees must be received no later than January 1, 2027. Late fees may be apply to unpaid registration fee. All members of the club must pay club fees as stipulated by the club board of directors. Members in arrears shall be considered as having terminated their membership. No refunds will be given after October 14, 2026 unless accompanied by a medical certificate. Withdrawals accompanied by a medical certificate, will be entitled to a pro-rated refund.

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.

<u>Office Use Only</u>	
Skate Canada Fee	Amount: _____ Date Paid: _____
Fundraising Fee	Amount: _____ Date Paid: _____
Registration Fee	Total Amount: _____
Cash: _____	Date Paid: _____
Cheque or e-Transfer #1: _____	Date Paid: _____
Cheque or e-Transfer #2: _____	Date Paid: _____
Cheque or e-Transfer #3: _____	Date Paid: _____
Cheque or e-Transfer #4: _____	Date Paid: _____