



CanPowerSkate 2017-2018

Box 402 Medicine Hat, AB T1B 7G2
(403)529-0092(O) (403)529-0483(F)

Email: mhskate@telus.net Website: www.mhskatingclub.com



By completing this form and making payment you hereby agree to all the terms and conditions outlined on this registration form and to the policies of the Medicine Hat Skating Club.

PreCanPower – Help develop basic skating abilities in a power skating-specific environment, including balance skills, forward and backward skating, stopping, turning and agility skills. Must have passed PreCanSkate

JR CanPower- Levels 1 to 3 focus on the fundamentals of skating. Skaters are evaluated on skill level and are timed as they perform a test involving skills in a course-like pattern. The skater receives a mark combining his skill performance plus test time. This determines whether the skater receives a Bronze, Silver or Gold award bar for that Level.

Advanced CanPower- Levels 4 to 6 place additional focus on the acquisition of efficient technique, speed, agility, technical aspects of stride and acceleration and skating with the puck/ring to help skaters prepare themselves for game situations. Evaluation is the same process as Jr CanPower.

Equipment? Skaters should wear a minimum of a helmet with face mask, neck guard, shin pads, gloves and stick. Full gear is preferred.

Communication: If you have questions or concerns throughout the season email them to the office mhskate@telus.net and the office will forward it to the coach representative.

Calendar: prior to the start of our season the calendars for the whole season will be posted on our website www.mhskatingclub.com under the calendar tab.

| Skater's Information | |
|------------------------------------|---------------------------------|
| Name: | M or F: |
| Birth Date: mm/dd/yyyy | Previous Level passed if known: |
| Medical Issues/Allergies (if any): | |

| Parent/Guardian Information | |
|-----------------------------|---------------|
| Father: | Mother: |
| Address: | City: |
| Postal Code: | Phone Number: |
| E-Mail: | |

| Once a week October-March | | | | |
|---------------------------|-----------------------------------|-----------|-----|--------|
| | Pre CanPowerSkate -- Wednesday | 5:15-6:00 | FLC | 265.00 |
| | Pre CanPowerSkate -- Thursday | 5:45-6:30 | FLC | 265.00 |
| | JR CanPowerSkate-Wednesday | 5:15-6:00 | FLC | 265.00 |
| | JR CanPowerSkate – Thursday | 5:45-6:30 | FLC | 265.00 |
| | Advanced CanPowerSkate-Wednesday | 5:15-6:00 | FLC | 265.00 |
| | Advanced CanPowerSkate – Thursday | 5:45-6:30 | FLC | 265.00 |

| Accelerated CanPowerSkate (twice a week October-March) | | |
|--|---|-----------------------------------|
| | Wednesday and Thursday Pre CanPowerSkate | 370.00 Savings \$107.00 |
| | Wednesday and Thursday JR CanPowerSkate | 370.00 Savings \$107.00 |
| | Wednesday and Thursday Advanced CanPowerSkate | 370.00 Savings \$107.00 |

| 10 Sessions Total | |
|--|--------|
| These sessions can be used any way you like. All in 1 month or spread out. Perfect for families who still want to power skate but the ringette and hockey schedule is so demanding to commit full time | 159.00 |

| FUNDRAISING- per family not per skater | |
|---|---------------------|
| Fundraising- book of tickets per family due at registration (If you sell your tickets you recoup your \$100 back) | 100.00 OR |
| OR Fundraiser buy out option due at registration | 75.00 |

| | | |
|--|---------------------------------|------|
| If numbers do not permit, classes may be canceled on short notice. We will do our best to fit you into a different class if this does occur. | Program Fee | |
| | Fundraising Fee | |
| | Discount *3 skaters in 1 family | -15% |
| | Total | |

FOIP Waiver - In accordance with the Freedom of Information and Privacy Act, I give the Medicine Hat Skating Club permission to publish my child's first and last name and/or photo on arena bulletin boards, trophies, display cases, carnival programs, newsletters, newspapers, website, Facebook, YouTube and any other areas pertaining to the "skating world". _____Initials

Liability Waiver and Release Form - It is understood and agreed, as a condition of participation in skating programs offered by Medicine Hat Skating Club and Skate Canada, that neither the Club nor Skate Canada shall be liable for any injury, loss or damages incurred by _____ while traveling to or from, or while participating in skating practices, competitions or other activities however caused. The member, or his/her parent/legal guardian, who has signed this form, shall indemnify the Club and Skate Canada and hold them harmless from any claims, demands or actions arising from or in respect of such injury, loss or damage. In the event of an injury or accident, and the Medicine Hat Skating Club is unable to contact the "contact persons" on file, I/we give permission for the coaches/Club Executives to arrange for medical help. I/we agree to cover any and all expenses and costs related to the injury/accident. I agree that I am fully responsible for any outstanding amounts owed to the Medicine Hat Skating Club. _____Initials

Refund Policy - No refund after 30 days unless accompanied by a doctor's note. Refund will be less the skate Canada and Administration fee and prorated. _____Initials

Email Legislation - YES I would like to be added to the email list for the Medicine Hat Skating Club _____Initials

| PAYMENT IN FULL | | | |
|---------------------------------------|------|----------|-----------|
| PAID BY: | CASH | CHEQUE# | BURSARY\$ |
| VISA Auth# | | MC Auth# | |
| CARDHOLDER NAME: | | | |
| CREDIT CARD NUMBER | | | |
| EXPIRY DATE | | CSC | |
| FUNDRAISING 50/50 \$100.00 | | CHQ# | Visa/MC |
| OR FUNDRAISING Buy Out \$75.00 | | CHQ# | Visa/MC |
| RECEIPT NUMBER 17-18- | | DATE | |

| PAYMENT PLAN – Split into 2 equal payments | | |
|--|---------|---------|
| 1 st PAYMENT Oct 1, 2017 PAID BY: | | |
| CASH | CHQ# | VISA/MC |
| FINAL PAYMENT Jan 1, 2018 PAID BY: | | |
| Postdated CHQ# | VISA/MC | |