



MHSC Punch Card 2017-2018 CUSTOM DESIGNED PROGRAMS & FLEXIBLE DATES

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

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

If you have **specific goals or needs**, this program is what you are looking for. The coach will be happy to **custom-design** a program to meet your needs. For **hockey and ringette** players, whether it's focusing on stops & starts, cross overs, backwards skating, agility or start-of-season player evaluations, or **Figure Skaters** focussing on spins, jumps or edges we'll deliver a program customized to your goals.

Both our Power skating and figure skating instructors are experts at **tailoring** the instruction to your skater's level. **With your goals in mind, we'll start at the appropriate technical level, and develop solid improvements.**

Skater's Information	
Name:	
Birth Date: mm/dd/yyyy AB Health Care#	
Skate Canada#	
Home Club Name:	
Medical Issues/Allergies (if any):	
Parent/Guardian Information	
Father: Mother:	
Address	
City: Postal Code:	
Phone Res: Cell:	
E-Mail:	
Emergency Contact:	
Program Fee	
FIRST TIME PURCHASE - Punch Card – Skate Canada Fee if are not a current card holder- this is a ONE time fee lasts Sept. 1 current year-Aug.31 of following year	78.00
SUBSEQUENT PUNCH CARDS	45.00
Payment Received	

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 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**

PUNCH CARD NUMBER/S ISSUED: # _____

ISSUED BY: _____

OFFICE USE ONLY			
PAID BY:	CASH	CHEQUE#	BURSARY\$
CARDHOLDER NAME:			
CREDIT CARD NUMBER			
EXPIRY DATE	CSC	VISA Auth#	
RECEIPT #17-18-	DATE	MC Auth#	

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.