



SYNCHRO PROGRAM 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.

What is Synchro?

Synchronized skating or "synchro" is a specialized discipline of skating involving groups of eight or more skaters performing various group formations and maneuvers. The objective is for the team to perform as one unit executing circles, blocks, lines, wheels and intersections in unison to the music, while demonstrating quality edges, power and flow.

Equipment? Figure Skates

Tuesday ALL

5:30-5:45 Stroking
5:45-6:00 Dance/Skills
6:00-7:00 Freeskate
7:00-7:45 Synchro

OR

Tuesday Synchro ONLY

7:00-7:45 Synchro

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.

Year End Showcase: March 10, 2018 10:00-11:15 @ FLC

Who can join?

Members from other clubs are welcome. You would not be switching clubs; you would just to be a part of the synchro team.

NOTE* We will run this class even if we do not get enough numbers to make a team, however we would not be able to attend a competition. We hope that interest will grow throughout the season and we will re-evaluate the possibility of a competition at that time.

Additional Fees? There may be additional competition, costume and coach fees if we get enough skaters in a specific age category to go to a competition

Skater's Information	
Name:	M or F:
Birth Date: mm/dd/yyyy	AB Health Care#
Home Club if not MHSC:	
Skate Canada Number:	
Medical Issues/Allergies (if any):	

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

Program Fees		
All of Tuesday	5:30-8:00 @ FLC	250.00
Synchro Only	7:15-8:00 @ FLC	150.00
Program Fee		
Total		

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

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