



# 2018/2019 POWERSKATE SUMMER CAMP

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

Email: [mhskate@telus.net](mailto:mhskate@telus.net)

Website [www.mhskatingclub.com](http://www.mhskatingclub.com)



Session 1 July 23- July 27 5:45-6:30 pm @FLC  
Session 2 July 30, Aug 1 & 3- Aug 3 5:30-6:15 pm @ FLC AND July 31 & Aug 2 6:45-7:30 pm @ FLC

Class sizes are generally smaller and is for Pre/Jr CanPower Skaters. It is a good way to see if your skater is interested in continuing on in the fall and winter sessions as well.

**Calendar on the back**

Skater's Information	
Name:	
Birth Date:	mm/dd/yyyy AB Health Care#
Medical Issues/Allergies (if any):	
Parent/Guardian Information	
Father:	Mother:
Address	
City:	Postal Code:
Phone:	
E-Mail:	

Program Fees	
Session 1	\$89.00
Session 2	\$89.00
Both sessions	\$140.00 <b>Savings \$38.00</b>
*If not a current skate Canada member	\$33.00
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 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

PAYMENT			
PAID BY:	CASH	CHEQUE#	BURSARY\$
VISA Auth#		MC Auth#	
CARDHOLDER NAME:			
CREDIT CARD NUMBER			
EXPIRY DATE		CSC	
RECEIPT NUMBER 18-19-		DATE	

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.

Sun	July- Monday	July- Tuesday	July- Wednesday	July- Thursday	July- Friday	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22 Week 1	23 5:45-6:30 CanPowerSkate	24 5:45-6:30 CanPowerSkate	25 5:45-6:30 CanPowerSkate	26 5:45-6:30 CanPowerSkate MH PARADE	27 5:45-6:30 CanPowerSkate	28
29 Week 2	30 5:30-6:15 CanPowerSkate	31 6:45-7:30 CanPowerSkate				

Sun	August- Monday	August- Tuesday	August- Wednesday	August- Thursday	August- Friday	Sat
			1 5:30-6:15 CanPowerSkate	2 6:45-7:30 CanPowerSkate	3 5:30-6:15 CanPowerSkate	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	