



2018/2019 POWERSKATE SPRING SERIES

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.

TUESDAY AND THURSDAY -	May. 8 & 10	4:00-4:45	@ FLC
	May 15 & 17	6:45-7:30	@ FLC
	May 22 & 24	4:00-4:45	@ FLC
	May 29 & 31	6:45-7:30	@ FLC
	June 5 & 7	4:00-4:45	@ FLC

The most important aspect of **hockey** and **ringette** is **SKATING**. To be the best player you can be; your skating skills are something that **ALWAYS** could be worked on! You can't score if you can't skate, you can't defend if you can't skate and you won't be the best at either if you don't maximize your skating potential! This is 45 minutes of full out skating utilizing all the fundamentals of forward, backward and lateral movements that develop a strong successful skater. Full hockey gear and stick is mandatory.

Calendars are on the back

We reserve the right to cancel the class if numbers do not permit

Skater's Information	
Name:	M or F:
Birth Date: mm/dd/yyyy	Health Care#
Medical Issues/Allergies (if any):	

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

Program Fees		Please check the group you would like
Spring Series	\$180.00	<input type="checkbox"/>
Skate Canada number <u>if do not have a current one</u>	\$33.00	<input type="checkbox"/>
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**

Refund Policy - Please check our website for full details. _____ **Initials**

Email Legislation - YES I would like to be added to the email list for 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	

Sun	May- Monday	May- Tuesday	May- Wednesday	May- Thursday	May- Friday	May- Saturday
		1 NO SKATING	2	3 NO SKATING	4	5
6	7	8 4:00-4:45 CanPowerSkate	9	10 5:15-6:00 CanPowerSkate	11	12
13	14	15 6:45-7:30 CanPowerSkate	16	17 6:45-7:30 CanPowerSkate	18	19
20	21	22 4:00-4:45 CanPowerSkate	23	24 5:15-6:00 CanPowerSkate	25	26
27	28	29 6:45-7:30 CanPowerSkate	30	31 6:45-7:30 CanPowerSkate		

Sun	June- Monday	June- Tuesday	June- Wednesday	June- Thursday	June- Friday	June- Saturday
					1	2
3	4	5 4:00-4:45 CanPowerSkate	6	7 4:00-4:45 CanPowerSkate	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30