



2018/2019

PRECANSKATE/CANSKATE SUMMER CAMP

Box 402 Medicine Hat, AB T1B 7G2
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Email: mhskate@telus.net
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SKATECANADA
MEDICINE HAT SKATING CLUB

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

These sessions are for those skaters, whether just beginning or have some skating experience, wanting a head start and some great exercise for the upcoming skating season. It is also a great and cost effective way, to see if your child is ready and interested to take a session full time in the upcoming fall/winter season. Class sizes are generally smaller, so you get a lot of bang for your buck with coach to skater ratio. We also have at least one Program Assistant on the ice to help assist the coach in any way needed. Program Assistants are older skaters, 10+ years.

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:	

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

Program Fees	
Session 1	\$89.00
Session 2	\$89.00
Both Sessions	\$140.00 Savings \$38.00
*If not a current skate Canada member	\$33.00
Total	\$

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 PreCanSkate/CanSkate	24 5:45-6:30 PreCanSkate/CanSkate	25 5:45-6:30 PreCanSkate/CanSkate	26 MH PARADE 5:45-6:30 PreCanSkate/CanSkate	27 5:45-6:30 PreCanSkate/CanSkate	28
29 Week 2	30 5:30-6:15 PreCanSkate/CanSkate	31 6:45-7:30 PreCanSkate/CanSkate				

Sun	August- Monday	August- Tuesday	August- Wednesday	August- Thursday	August- Friday	Sat
			1 5:30-6:15 PreCanSkate/CanSkate	2 6:45-7:30 PreCanSkate/CanSkate	3 5:30-6:15 PreCanSkate/CanSkate	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	