



STARSKATE SUMMER ICE 2018-2019

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

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



SKATECANADA
 MEDICINE HAT SKATING CLUB

Session 1	July 9 - 12	9:00-10:00 am	@ FLC	
Session 2	July 16 - 19	9:00-10:00 am	@ FLC	
Session 3	July 23 - 27	4:15-5:45 pm	@ FLC	
Session 4	July 30, Aug 1 & 3- Aug 3	6:15-7:15 pm	@ FLC	<u>AND</u> July 31 & Aug 2 7:30-8:30 pm @ FLC

- You may either **utilize our coaches or** if you would like to make arrangements with **your own coach**, they are more than welcome to join us on our ice.
- Summer ice is based on the use of private lessons and skaters ability to work on their own.
- Calendar on the back**

Skater's Information	
Name:	
Birth Date:	AB Health Care#
Medical Issues/Allergies (if any):	

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

Program Fees	
Week 1	\$75.00
Week 2	\$75.00
Week 3	\$89.00
Week 4	\$89.00
*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

If you need to break a week up and spread it out,
 please contact the office as we are willing to work with
 you.

Thank you

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 NO SKATING	2 NO SKATING	3 NO SKATING	4 NO SKATING	5 NO SKATING	6 NO SKATING	7
8 Week 1	9 9:00-10:00am StarSkate	10 9:00-10:00am StarSkate	11 9:00-10:00am StarSkate	12 9:00-10:00am StarSkate	13 NO SKATING	14
15 Week 2	16 9:00-10:00am StarSkate	17 9:00-10:00am StarSkate	18 9:00-10:00am StarSkate	19 9:00-10:00am StarSkate	20 NO SKATING	21
22 Week 3	23 4:15-5:45 StarSkate	24 4:15-5:45 StarSkate	25 4:15-5:45 StarSkate	26 MH PARADE 4:15-5:45 StarSkate	27 4:15-5:45 StarSkate	28
29 Week 4	30 6:15-7:15 StarSkate	31 7:30-8:30 StarSkate				

Sun	August- Monday	August- Tuesday	August- Wednesday	August- Thursday	August- Friday	-Sat
			1 6:15-7:15 StarSkate	2 7:30-8:30 StarSkate	3 6:15-7:15 StarSkate Wild Rose Competition	4 Wild Rose Competition
5 Wild Rose Competition	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	