



2018/2019

STARGROUP SPRING PROGRAM

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

This class is for those skaters that show interest and ability to pursue figure skating. It is a gentle transition from the CanSkate to the figure skating program and offers a more challenging program specific to the sport of figure skating. It includes coach supervised practices twice a week. Once you, your skater and the coach feel it is time to move into the StarSkate program, we make the transition easy!

Calendars on the back

Skater's Information	
Name:	M or F:
Birth Date: mm/dd/yyyy	AB Health Care#
Medical Issues/Allergies (if any):	
Parent/Guardian Information	
Father:	Mother:
Address	
City:	Postal Code:
Phone Number:	
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, Facebook, YouTube 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

Program Fees	
Stargroup	\$180.00
If do not have a current Skate Canada number	33.00
TOTAL	\$

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



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 Stargroup	9	10 5:15-6:00 Stargroup	11	12
13	14	15 6:45-7:30 Stargroup	16	17 6:45-7:30 Stargroup	18	19
20	21	22 4:00-4:45 Stargroup	23	24 5:15-6:00 Stargroup	25	26
27	28	29 6:45-7:30 Stargroup	30	31 6:45-7:30 Stargroup		

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