



Pre Season PowerSkate Clinic 2018

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

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

Session 1 Sept 4-7 from 5:30-7:15 and Sept 8 9:30-10:30 @ FLC

Session 2 Sept 10-14 from 4:15-6:00 @ FLC

Session 3 Sept 17-21 from 4:15-6:00 @ FLC

The **goal** of these camps is to get skaters ready for their perspective **team evaluations**. The **focus** will be on skating skills that improve **conditioning, speed, power, agility and puck handling**. This is **ideal** for both **ringette and hockey players**.
 *Classes running depend on number of registrations

| Skater's Information | |
|---|------------|
| Name: | M or F: |
| Birth Date: | mm/dd/yyyy |
| Previous Level passed if known/or describe current skating skill ability: | |

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

| Program Fees | Please circle the session/s you would like |
|---|--|
| Session 1 – 1 week | 100.00 |
| Session 2 – 1 week | 100.00 |
| Session 3 – 1 week | 100.00 |
| Register for 2 weeks | 150.00 |
| Register for all 3 weeks | 250.00 |
| Subtotal | |
| Skate Canada Fee (this covers your skater from September 1 st , 2018 to August 31 st , 2019) | 33.00 |
| Total | |
| Payment Received | |

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

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