



STARGROUP PROGRAM 2018-2019

Box 402 Medicine Hat, AB T1B 7G2
Office: (403)529-0092 Fax: (403)529-0483

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.

Stargroup: Introduction to figure skating – 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.

Where to go from here? Once your skater has completed the basic skills they can enroll in the JR StarSkate program, which is for skaters wishing to increase their skating skills. Skaters can choose to skate recreationally, take the Skate Canada Test route, and enter competitions or a combination. Skaters and parents decide the route they would like to go, then together with the coach come up with a plan to help your skater reach the goals they have set for themselves!

Equipment: Skaters can wear a helmet until they feel comfortable skating without one and they need skates.

Communication: Office is located in the FLC right by the ice surface. Our door has our name on it. Most communication is done through email, if you are not receiving emails and would like to, make sure to contact the Club to resolve this issue.

TUESDAY CLASS

4:50-5:20 – Group Off Ice
5:30-6:15 – Stargroup on ice
6:15-6:30 – Group Stroking

SATURDAY CLASS

10:00-11:00 – Stargroup on ice
11:00-11:15 – Group Stroking
11:20-11:50 – Group Off Ice

SKATER'S INFORMATION	
Name:	Male or Female
Birth Date: mm/dd/yyyy	Previous Level passed if known:
Medical Issues/Allergies (if any):	
PARENT/GUARDIAN INFORMATION	
Father:	Mother:
Address:	
City:	Postal Code:
Phone Number:	
E-Mail:	

PROGRAM FEES			
ALL DAYS <i>*includes Skate Canada fee</i>	Tuesday	Saturday	\$480.00
PICK 1 DAY <i>*includes Skate Canada fee</i>	Tuesday	Saturday	\$280.00
FUNDRAISING- per family not per skater - You are required to participate in all fundraising that occurs in the season. This will include selling 50/50 tickets. As you sell your tickets you keep the money to recoup your \$100 back			\$100.00
PICTURE DAY: We will have a picture day for all our StarSkate skaters. The location, cost and schedule will be determined once we know how many will be in attendance. The date will be late October or November.	Program Fee		
	TOTAL		
	Post-dated cheque March 31, 2019 (if you do not work 1 Bingo per family your cheque will get cashed)		\$48.00

MHSC will be hosting a couple of 20 minute Parent Meetings for StarSkate and Stargroup Parents during regular ice time in an FLC dressing room. Dates and Times will be emailed out once confirmed. All parents/guardians are encouraged to attend. Welcome packets will be supplied at this time.

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: No refund after 30 days unless accompanied by a doctor's note. Refund will be less the skate Canada and Administration fee and prorated. _____ Initials

Email Legislation: YES, I would like to be added to the email list for the Medicine Hat Skating Club _____ Initials

PAYMENT IN FULL			
PAID BY:	CASH/TRANSFER	CHEQUE#	BURSARY\$
VISA Auth#		MC Auth#	
CARDHOLDER NAME:			
CREDIT CARD NUMBER:			
EXPIRY DATE:		CSC	
FUNDRAISING \$100.00	CHQ#	VISA/MC	
POST DATED CHEQUE MARCH 31, 2019 \$48.00		CHQ #	
RECEIPT NUMBER 18-19-		DATE	

PAYMENT PLAN – split into 2 equal payments		
1 st PAYMENT Oct 1, 2018 PAID BY:		
CASH/TRANSFER	CHQ#	VISA/MC
FINAL PAYMENT Jan 1, 2019 PAID BY:		
Postdated CHQ#	VISA/MC	