



Registration for 2011 - 2012: CANSKATE
Step 3: Page 1 of 1

Skater's Family Name: _____

Skater's First Name: _____

2nd Skater's First Name: _____

3rd Skater's First Name: _____

4th Skater's First Name: _____

5th Skater's First Name: _____

REFUND INFORMATION:

(If this form is emailed, your consent is implied without a signature)

No refunds will be issued once the first lesson for the program has commenced except for medical reasons or injury, which will require a doctor's certificate. Refunds will be pro-rated for the PROGRAM FEES ONLY. No refunds will be issued for **membership or fundraising**. I agree to comply with all rules and regulations of the Diamond Blades Skating Club and Skating Facilities.

_____ (Initials)

LIABILITY WAIVER AND RELEASE:

(If this form is emailed, your consent is implied without a signature)

It is understood and agreed, as a condition of participation in skating program offered by the Diamond Blades Skating Club (the Club) and Skate Canada, that neither the Club nor Skate Canada shall be liable for any injury, loss or damage suffered by the above-noted member while travelling to and from or while participating in skating skating practices, competitions or other activities, however caused.

It is further agreed that neither the Club nor Skate Canada is responsible for any injury, loss or damage caused by the member while travelling to and from or while participating in the said practices, competitions or other activities.

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.

_____ (Initials)

INSURANCE/SKATE CANADA/CALALTA MEMBERSHIP:

(If this form is emailed, your consent is implied without a signature)

It is understood and agreed, as a condition of participation in skating programs offered by the Diamond Blades Skating Club (the Club), the figure skater will be a member of Skate Canada. The pertinent information will be to Calalta for registration with Skate Canada.

Signature - Member/Parent/Legal Guardian

DATE (YY/MM/DD)

Please RETURN COMPLETED FORMS to:

Mail or Drop Off:

DBSC Attention: Brian Kaine

161 Gleneagles View

Cochrane, Alberta T4C 1W2