

Registration for 2011 - 2012 POWER
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**. I agree to comply with all rules and regulations of the Sandy Kaine - Head Coach

_____ (Initials)

INSURANCE, 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 Sandy Kaine, and her associate coaches, that neither Sandy Kaine nor her associate coaches 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, drills or other activities, however caused.

It is further agreed that neither Sandy Kaine or her associate coaches is/are responsible for any injury, loss or damage caused by the member while travelling to and from or while participating in the said practices, drills or other activities.

The member, or his/her parent/legal guardian who has signed this form, shall indemnify Sandy Kaine and her associate coaches and hold them harmless from any claims, demands or actions arising from or in respect of such injury, loss or damage.

_____ (Initials)

Please RETURN COMPLETED FORMS to:

Mail or Drop Off:

Sandy Kaine
161 Gleneagles View
Cochrane, Alberta T4C 1W2

Jaime-Lyn Jackson
147 Prestwick landing SE
Calgary, Alberta T2Z 3S4