

West Toronto Skating Club

Pre-Intermediate, Intermediate, Senior A & B

McCormick Arena, 179 Brock Ave., Toronto, ON M6K 2L7 Tel: 416-588-1158, Fax: 416-588-7201, www.wtsc.ca, email: wtsc@wtsc.ca

Please print clearly

First Name _____ Last Name _____

Street Address: _____ Apt. # _____

City: _____ Prov: _____ Postal Code: _____

Home Tel: _____ Cell: _____ Bus. Tel: _____

Birthdate ____/____/____ M F Email _____
MM DD YYYY

Parent/Guardian Name & Tel. _____

Emergency Contact Name & Tel. _____

Relevant Medical Conditions _____

Skate Canada Reg. # _____ Home Club _____ Home Club # _____

Name(s) of Private Coaches 1. _____ 2. _____

Last Test Passed: *Freestyle* _____ *Dance* _____ *Skills* _____ *Competitive* _____ *Artistic* _____

The applicant agrees that the West Toronto Skating Club (WTSC) and/or its Board of Directors will not be held responsible for any accident or loss, however caused and agrees to release the Proprietors from all claims and damages that may arise as a result of, or by reason of, such accident or loss.

The applicant agrees to abide by the rules and regulations of the WTSC/Skate Canada – Central Ontario. I hereby grant to WTSC, its legal representative and assigns permissions to copyright, publish and/or use photographic portraits or pictures of me or in which I am included in whole or part, for advertising, trade, web and multimedia or any other specific use and lawful purpose whatsoever. I hereby waive any right that I may have to inspect or approve the finished products, advertising, new media or printed matter that might be used in connection with this picture or the use to which it may be applied. I hereby release, discharge and agree to save harmless West Toronto Skating Club from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form as well as any publication. I hereby warrant that I have every right to contract in my own name in the above regard.

The applicant consents to the information contained herein to be used for the purposes of membership in the West Toronto Skating Club and Skate Canada and as outlined in WTSC Privacy Policy. The information you provide is not distributed to any other third party. The information that you provide is protected under the provisions of the Privacy Act. The Act provides you with a right of access to your information.

Parent's Name (Printed) _____

Signature (Parent/Guardian for an applicant under 18 years of age) _____

Date _____

I have read and agree to abide by the West Toronto Skating Club Rules and Regulations

Signature of Skater _____

Signature of Parent _____

Session	Monday	Tuesday*	Wednesday	Thursday*	Saturday	Fee
Pre-Intermediate						\$
Intermediate						\$
Senior B						\$
Senior A						\$

* Intermediate on Tuesday and Thursday must be landing all single jumps or passed all Preliminary Dances

Membership Fees: Must be paid in full and must accompany this application.
Payment Terms: See current WTSC Skating Brochure for this and other club information.
 A \$25.00 administration fee will be charged to change sessions after the program has begun.

If you are paying in person you do NOT need to fill this part in.

Type of Credit Card (circle one) Visa Mastercard Amex

Credit Card No. _____

Exp. Date _____ Name on Card _____

Signature _____

Subtotal \$ _____

Subtract Family Discount (25%) \$ _____
(Third member of family or thereafter)

Skate Canada Registration Fee \$ 30.65
(Payable once per year)

Subtotal \$ _____

NO HST (13%) \$ _____

REFUNDS! Total \$ _____

Office Use Only

Payment Date	Payment Method	Payment Amount	Invoice No.	Processed
_____	Credit Card /Cheque / Cash / Debit	_____	_____	<input type="checkbox"/>
_____	Credit Card /Cheque / Cash / Debit	_____	_____	<input type="checkbox"/>
_____	Credit Card /Cheque / Cash / Debit	_____	_____	<input type="checkbox"/>

West Toronto Skating Club

CanSkate (Introductory, Junior, Adult) and PowerSkate

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Please print clearly

First Name _____ Last Name _____

Street Address: _____ Apt. # _____

City: _____ Prov: _____ Postal Code: _____

Home Tel: _____ Cell: _____ Bus. Tel: _____

Birthdate ____/____/____ M F Email _____
MM DD YYYY

Parent/Guardian Name & Tel. _____

Emergency Contact Name & Tel. _____

Relevant Medical Conditions _____

Skate Canada Reg. # _____ Home Club _____ Home Club # _____

Name (s) of Private Coaches 1. _____ 2. _____

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Parent's Name (Printed)

Signature (Parent/Guardian for an applicant under 18 years of age)

Date

Please circle

Session	Program
<input type="checkbox"/> W1	<input type="checkbox"/> Introductory CanSkate
<input type="checkbox"/> W2	<input type="checkbox"/> Junior CanSkate
	<input type="checkbox"/> Adult CanSkate
	<input type="checkbox"/> PowerSkate I
	<input type="checkbox"/> PowerSkate II

Session	Monday	Wednesday	Saturday	Fee
W1 Sept – Dec	6:30 – 7:15	6:30 – 7:15	4:10 – 5:00	\$
	7:15 – 8:00	7:15 – 8:00	4:30 – 5:15	
	8:15 – 9:00	8:15 – 9:00		
WII Jan – April	6:30 – 7:15	6:30 – 7:15	4:10 – 5:00	\$
	7:15 – 8:00	7:15 – 8:00	4:30 – 5:15	
	8:15 – 9:00	8:15 – 9:00		

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Payment Terms: See current WTSC Skating Brochure for this and other club information.

Subtotal \$ _____

Subtract Family Discount (25%) \$ _____
(Third member of family or thereafter)

Skate Canada Registration Fee \$ 30.65
(Payable once per year)

Subtotal \$ _____

HST (13%) \$ _____

NO REFUNDS! Total \$ _____

If you are paying in person you do NOT need to fill this part in.

Type of Credit Card (circle one) Visa Mastercard Amex

Credit Card No. _____

Exp. Date _____ Name on Card _____

Signature _____

Office Use Only

Session	Payment Method	Payment Amount	Invoice No.	Processed
W1 Sept - Dec	Credit Card / Cheque / Cash / Debit	_____	_____	<input type="checkbox"/>
W2 Jan - April	Credit Card / Cheque / Cash / Debit	_____	_____	<input type="checkbox"/>