

West Toronto Skating Club

CanSkate (Introductory, Junior, Adult) and PowerSkate

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. _____

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

| 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 | | CanSkate 6:30 – 7:15 CanSkate 7:15 – 8:00 | | \$ |
| WII Jan - April | | CanSkate 6:30 – 7:15 CanSkate 7:15 – 8:00 | | \$ |

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.

Subtotal \$ _____

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

Skate Canada Registration Fee \$ 33.00
(Payable once per year)

Subtotal \$ _____

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 _____

**NO
REFUNDS!**

Total \$ _____

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"/> |