



PO Box 85
Grimsby, ON
L3M 4G1
info@grimsbyskatingclub.com

GRIMSBY SKATING CLUB

REGISTRATION FORM 2024-2025

| | | | |
|---|--------------------|--|--|
| Last Name: | | First Name: | |
| Home Club & Skate Canada # (if other than GSC): | | | |
| Address: | | Male: __ Female: __ Prefer not to Disclose: __ | |
| Town/City: | | Postal Code: | |
| Telephone #: | | Date of Birth: D: ____ M: ____ Y: ____ | |
| Email Address: | | Recreational: ____ Competitive: ____ | |
| Last Dance Passed: | Last Skill Passed: | Last Freeskate Passed: | |

Please indicate if there are any medical conditions that may limit your child's participation in our programs:

ICE SCHEDULE

Please check the appropriate sessions below

| Mondays | ✓ | Thursdays | ✓ | Saturdays | ✓ |
|---|---|---|---|---|---|
| Pre-Can/Parent and Tot StarSkate/Junior Academy 4:10-4:55 | | Intermediate 4:00 -5:20 | | Senior 11:40-1:00 | |
| StarSkate 4:55-5:40 | | Junior 5:05-6:05 | | Canskate/PreCanSkate/ Parent & Tot 1:00-1:45 | |
| Junior 4:55-5:55 | | StarSkate 5:20-6:05 | | | |
| Canskate/PreCanSkate/ Parent & Tot 5:55-6:40 | | Canskate/PreCanSkate/ Parent & Tot 6:05-6:50 | | FLOOD 1:45-1:55 | |
| FLOOD 6:40-6:50 | | FLOOD 6:50-7:00 | | StarSkate 1:55-2:40 | |
| Intermediate 6:50-7:50 | | Senior | | Junior 1:55-2:55 | |
| Senior 7:35-9:00 | | 7:00-8:30 | | Intermediate 2:25-3:30 | |

Please circle the package you would like to purchase* *Discounts on 2 & 3 Day Full Packages!

| Program | Full | 2 Day | 3 Day | Total |
|---|-------|-------|---------|---------|
| Intermediate | \$480 | \$820 | \$935 | |
| Senior | \$530 | \$860 | \$1,010 | |
| Skate Canada's Safe Sport Fee | | | | \$6.00 |
| Skate Canada & Skate Ontario Membership Fees (per skater) | | | | \$64.00 |
| Total Due *All cheques/cash must accompany registration form | | | | |
| Volunteer Bond Dated March 31/25 \$200.00 | | | | |

50% must be paid in full at time of Registration – the balance is due by 1 postdated cheque – 50% postdated for **November 15, 2024**

We reserve the right to move skaters if sessions are full. Preference given to full package skaters. **Sessions subject to change.**

Turn over →

RELEASES

I, _____, CONSENT TO (SKATERS NAME) _____
PARTICIPATING IN THE ACTIVITIES OF THE GRIMSBY SKATING CLUB AND HEREBY RELEASE AND FOREVER
DISCHARGE THE GRIMSBY SKATING CLUB AND ITS AGENTS, BEING ALL COACHES, DIRECTORS, OFFICERS,
VOLUNTEERS, MEMBERS, STAFF SUCCESSORS AND/OR ASSIGNEES OF AND FROM ALL CLAIMS, DAMAGES, ACTIONS
OR CAUSES OF ACTION ARISING BY REASON OF PARTICIPATION OF (SKATERS NAME) _____
IN SKATING OR OTHER CLUB ACTIVITIES AND FROM ALL CLAIMS OR DEMANDS WHATSOEVER IN LAW OR IN
EQUITY WHICH I, MY HEIR, EXECUTORS, ADMINISTRATORS OR ASSIGNEES CAN, SHALL OR MAY HAVE BECAUSE OF
SUCH PARTICIPATION INITIAL _____

PUBLICATION

I, _____, GIVE PERMISSION FOR MY CHILD (SKATERS NAME)
_____ TO HAVE THEIR PHOTOGRAPH TAKEN AND TO HAVE THEIR NAME AND
LIKENESS PUBLISHED IN LOCAL MEDIA, CLUB SOCIAL MEDIA/WEB SITE, CLUB BULLETIN BOARDS AND/OR
NEWSLETTERS AND IN ANY SKATE CANADA PUBLICATIONS IN RECOGNITION OF THEIR PARTICIPATION
AND ACCOMPLISHMENTS AT THE GRIMSBY SKATING CLUB INITIAL _____

HARNESS

I, _____, GIVE PERMISSION FOR MY CHILD (SKATERS NAME)
_____ TO USE THE HARNESS AT THE GRIMSBY SKATING CLUB. I UNDERSTAND
THAT THE GRIMSBY SKATING CLUB WILL NOT BE HELD LIABLE FOR ANY INJURY THAT MAY OCCUR WHIL
USING THIS DEVICE. INITIAL _____

REFUND POLICY

FIRST TIME NEW SKATER (PARENT& TOT/PRECAN SKATE): DURING THE FIRST 3 WEEKS, A PARENT MAY
REQUEST A REFUND FROM ANY BOARD MEMBER AT THE CANSKATE TABLE DURING YOUR SESSION. ALL
FEES LESS THE SKATE CANADA/SKATE ONTARIO FEES WILL BE REFUNDED. AFTER 3 WEEKS, PLEASE SEE
BELOW ALL OTHER GRIMSBY SKATING CLUB MEMBERS: FEES WILL NOT BE REFUNDED IF A MEMBER
LEAVES THE CLUB, UNLESS IT IS FOR A MEDICAL REASON. AN EMAIL TO THE GRIMSBY SKATING CLUB
REQUESTING A REFUND WITH A DRS NOTE WILL BE REQUIRED. REFUNDS WILL BE PRO-RATED AND A
\$25.00 ADMINISTRATION FEE WILL APPLY. SKATE CANADA AND SKATE ONTARIO FEES WILL NOT BE
RETURNED UNDER ANY CIRCUMSTANCES INITIAL _____

(SIGNATURE OF PARENT/GUARDIAN)

(SIGNATURE OF SKATER IF 18 OR OVER)

Date:

Date:

| OFFICE USE ONLY | | | |
|--|------|----------------------|--|
| DEPOSIT (50%) \$ | CHQ# | E-TRANSFER DATE: | |
| BALANCE ((50%) \$ | CHQ# | E-TRANSFER DATE: | |
| VOLUNTEER BOND REC'D \$200.00 | | | |
| E-TRANSFERS ACCEPTED WHEN SENT TO: INFO@GRIMSBYSKATINGCLUB.COM | | PASSWORD: skating | |