



For Office use only
Date: _____

SYNCHRO 2017-2018 Registration

Date: _____ SC#: _____

Name: _____ Home Phone: _____

Age: _____ Cell Phone: _____

Guardian(s): _____ MCP#: _____

Email Address: _____ Date of Birth: _____

Mailing Address: _____ Postal Code: _____

On Ice Schedule - September 10th, 2017 – February 25, 2018 + ice show week (20 wks)

<i>Day</i>	<i>Time</i>	<i>Team</i>	<i>Coaching</i>
<i>Sunday</i>	<i>3:55-4:45 pm</i>	<i>Beginner</i>	<i>Yvette Target Asst: Ashley Sheppard</i>
<i>Sunday</i>	<i>4:30-5:25pm</i>	<i>Elementary</i>	<i>Lisa Young Asst: Kennedi Boland</i>
<i>Sunday</i>	<i>5:35-7:00 pm</i>	<i>Pre-Novice</i>	<i>Lisa Young</i>
<i>Sunday</i>	<i>5:35 –7:00 pm</i>	<i>Adult</i>	<i>April Barron</i>

Synchro Off Ice will also be held on Sundays, times to be determined.

Schedule above, team category and coaching is subject to change, depending on registration numbers and ice availability.

<i>Cost for Season</i>	<i>\$450.00</i>
<i>Add: Skate Canada Fee*</i>	<i>\$35.65</i>
<i>Total Cost for 2017-2018 Season</i>	

*All skaters pay a one-time Skate Canada Fee of \$35.65 for the skating season. If you have paid it as part of your skating registration you **don't** have to pay it for synchro and vice versa.*



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Post-Dated Payment Options:

1. Cheques can be made out for 6 equal payments dated for the last of each month from August to January; OR
2. Cheques can be made out for 50% upon registration and 50% at the end of November; OR
3. Cheques can be made out for 3 equal payments dated for the last of each month from August October.

Cash ____ Cheque ____

REGISTRATION TIME:

**Wednesday August 9, 2017
5:30-7:30
Kinsmen Lobby**

CONTACT INFORMATION:

**Club Administrator: silverbladessc@outlook.com
 Synchro Chair: synchrosbni@outlook.com
 Phone: (709) 632-7588
 Website: www.silverbladesnl.ca**

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<i>Team</i>	<i>Amount Paid</i>	<i>Receipt #</i>	<i>Collected By:</i>
<i>Skate Canada Fee</i>	<i>Method of Payment:</i> Cash ____ Cheque _____.	<i>Date</i>	<i>Jumpstart/Kidsport Approval #</i>



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CLUB POLICIES AND RELEASES

Release Form

Members and parents or legal guardians of members agree to hold the Club, its executors, and its Board members of their heirs and assigns, free and blameless for any damage, accident, or injury which may occur to the member during regular or extra skating sessions, off-ice sessions, competitions, and tests, or while practicing for and travelling to and from such sessions, competitions or tests. Initials _____

Personal Information

I understand that personal identifying information gathered by the Silver Blades SC will be for the purposes of registering my child with Skate Canada, Silver Blades SC and other related Skate Canada or Silver Blades SC activities. I understand that this information will not be used for any other purpose without my separate written consent. Initials _____

Photo Release

I grant the Silver Blades SC exclusive and perpetual right to photograph all or any portion of any skating or training performances, exercises, routines or choreographic works at any time. I agree that all right, title and interest in the photographs of the performances, exercises, routines or choreographic works and all proceeds from the display, use, distribution or otherwise of same is the sole property of the Silver Blades SC, and can be used at their discretion. Initials _____

The Silver Blades SC will be posting photos of events/competitions on both their website and Facebook page throughout this upcoming skating year. If you wish to not have your child's photo taken please contact one of our executive club members. Initials _____

Refund Policy

- Refunds for the 2017-2018 skating season will only be made with a medical note. These refunds will be subject to a \$25 administrative fee and there is no refund on the \$35.65 Skate Canada fee.
- All requests for refunds must be made in writing by emailing silverbladessc@outlook.com.

Initials _____

Cancellation Policy

Silver Blades SC reserves the right to cancel skating sessions due to circumstances beyond our control. Although every attempt will be made to make up these sessions, this may not be possible and no refunds will be issued for cancelled sessions. Initials _____

The Skate Parent's Pledge

I/We agree as the parent(s) of _____, a skater with Silver Blades SC, that I/we will demonstrate the values as described The Parents Commitment to Skating document in our roles as a skater's parent(s). I/we understand that Silver Blades SC may invoke disciplinary action to ensure the safety of my/our child and/or others while participating in skating club activities. Initials _____

I have read and understand the policies as described above.

Skater Signature: _____

Date: _____

Parent Signature: _____
(if skater is <19)

Date: _____