



SKATE BRANDON SUMMER SESSION REGISTRATION FORM

Skater's name: _____ Parent's name: _____
 Mailing Address: _____
 Phone Number: _____ **Email** _____
 Birth Date: _____ Age: _____ Male: _____ Female: _____
 Skate Canada Number: _____ Manitoba Health PHIN (9 digit): _____
 Allergies/Medical Conditions: _____

**** Correspondence from Skate Brandon Coordinator to all members is done via EMAIL, including SHORT NOTICE situations. Please provide us with a CURRENT email address. If you need to make alternative arrangements, please contact Tammy McKay. ****

Highest Test Passed _____
 Skills: _____ Dance: _____ Freeskate: _____

Coach choice #1 _____ Coach choice #2 _____

- Lessons are to be booked prior to the summer session.

Packages
 (Please circle which weeks you would like to attend)

	Half Package (HP)	Full Package (FP)
Week 1	\$180	\$280
Week 2	\$180	\$280
Week 3	\$180	\$280

Admin Fee of \$25.00 after June 1, 2019

Total: _____

Payment Methods – Cheque (payable to Skate Brandon) or e-transfer
 (skatebrandon@wcgwave.ca)

Registration forms and payment to be dropped off or emailed to Tammy McKay:
 202 25th Street
 Brandon, MB.
 R7B 1Y9
 tfournier@mymts.net

Refund Policy

I am aware that no refunds will be given after the closing date of registration (June 1st, 2019), or for any circumstances beyond the control of Skate Brandon.

Liability Waiver

I hereby absolve, indemnify, and save harmless Skate Brandon from any claim I may have as a result of the mentioned participation in any programs. I understand that skating, as with any sporting activities, carries certain risk. I do assume all responsibilities and hazards incidental of this activity and hereby waive all claims that I may have against the organization, and individuals, and I shall obey all rules laid out in respect of Skate Brandon.

Medical Release

I authorize a coach or person(s) in charge of Skate Brandon to call a physician, to take my child to the nearest emergency center, or summon an ambulance for emergency medical aid should, in the opinion of the person(s) in attendance feel such services are required and I am unable to be contacted by phone. If such an emergency should arise I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Personal Information/Photography/Publicity Release

I hereby give my consent for my photograph or video to be taken by a representative of Skate Brandon, or anyone authorized by Skate Brandon (i.e. local newspaper, etc.) and be posted or printed in the arena, local schools, skating/club publications, newspapers, Skate Brandon Facebook page or Skate Brandon website for skater or club publicity. I authorize Skate Brandon to release personal information (name, contact information, awards, competition results) solely for program utilization and assessment. I also understand that any and all liability to Skate Brandon is absolved should any situation arise from the publication of this information.

Date: _____

Signature of Skater/Parent/Guardian: _____