

**PERSONAL CONTACT INFORMATION**

Skater's Name			
Home Address			
Town		Postal Code	
Birthday (MM/DD/YYYY)		Male _____	Female _____
Parent's Names			
Home Phone No.		Cell No.	
E-mail Address			
Skate Canada Number			

**EMERGENCY AND MEDICAL INFORMATION**

Emergency Contact Name		Emerg Contact Phone	
Doctor's Name		Doctor's Phone	
Ontario Health Card No.			
Medical Conditions/Allergies			

**REGISTRATION INFORMATION & FEES**

**PLEASE CIRCLE YOUR SELECTION**

ONE DAY PER WEEK	TUESDAYS	4:30 - 6:20 PM	(26 WEEKS)	\$650.00
ONE DAY PER WEEK	FRIDAYS	4:30 - 6:20 PM	(27 WEEKS)	\$675.00
TWO DAYS PER WEEK	TUESDAYS & FRIDAYS			\$1075.00
GROUP LESSONS (INCLUDES COACHING & ICE TIME)	TUESDAYS (TIMES AS ABOVE)		(26 WEEKS)	\$820.00
Carnival Fee				\$50.00
Skate Canada Membership Fee				\$45.00
Ontario Skater's Lottery				\$40.00
One-time Return to Play fee subsidy	\$100 for one day registration / \$150 for two day registration			- \$100 or \$150
<b>TOTAL</b>				

1ST INSTALMENT DATED	REG DATE	2ND INSTALMENT DATED NOV 1, 2021	3RD INSTALMENT DATED JAN 1, 2022	4TH INSTALMENT DATED MAR 1, 2022
CHQ AMT.		CHQ AMT.	CHQ AMT.	CHQ AMT.
CHQ NO.		CHQ NO.	CHQ NO.	CHQ NO.

**Etransfer is the preferred payment method this year for the safety of skaters and parents**

- Etransfer payments can be made at [lfsc.payment@gmail.com](mailto:lfsc.payment@gmail.com) upon discussion/email with Registration Chair at [jshamm@execulink.com](mailto:jshamm@execulink.com).
- Please do not send any etransfer without submitting a registration form (by email) and making arrangements with the Registration Chair. No registration will be accepted without a registration form, completed Waiver and Rowan's Law Form. See our website [www.langtonskatingclub.com](http://www.langtonskatingclub.com) for more details or to print these documents.

Policies and Procedures are available online at <https://langtonskatingclub.com/rulesandregulationsforskatersandcoaches.pdf>.

I consent to having my child photographed for promotional purposes.

Parent's Signature	Executive's Signature	Date
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LOTTERY BOOK NUMBER: \_\_\_\_\_

**Skater's Vaccine Status**

\_\_\_\_ 1<sup>st</sup> Covid-19 Vaccine Shot

\_\_\_\_ 2<sup>nd</sup> Covid-19 Vaccine Shot

Completion of this box is optional.

- Please Note: No tax receipts will be issued due to changes to Canada Revenue's fitness tax credit policy.

**Notice of Collection Statement:**

Your privacy and the protection of your personal information is important to us. Your personal information is required to register you with Skate Canada in any capacity, including, without limitation, as a Skate Canada registrant, coach or in connection with your affiliation with a skating club or skating school and to administer various services, such as Skate Canada events. Your personal information may also be exchanged with Skate Canada affiliates which includes your local skating club or skating school or provincial association or section. By submitting this form, you expressly provide your consent to the sharing of your personal information with Skate Canada and as described herein for purposes of registration and receipt of national services delivered by Skate Canada. We adopt the 10 Fair Information Principles into our privacy program, and employ reasonable measures to protect against unauthorized access, processing, disclosure, alteration, destruction or loss of your personal information. See Skate Canada's [Privacy Policy](#) for more details.

For further information or comments regarding our protection of your privacy, please contact Skate Canada at [safesport@skatecanada.ca](mailto:safesport@skatecanada.ca).