



**Chatham Figure Skating Club: Spring Session 2010
Group StarSkate**

March 29th to May 28th

Location: Thames Campus Arena

Registration – Thames Campus Arena Lobby

**Monday from 6:00 – 8:00 pm and Wednesday from 6:30 pm – 7:15pm
March 8th – March 24th in the Thames Campus Arena lobby**

For more information, check our website at www.chathamskatingclub.com

Group StarSkate	Minimum Stage 6 or coaches recommendation-Maximum 10 skaters-Minimum registration required to run each session will be 6 skaters	
\$190.00	Monday	4:00 – 5:35 pm
	Freeskate	4:00 – 4:45
	Skills	4:45 – 5:10
\$155.00	Dance	5:10 - 5:35
	Wednesday (Beginners)	
	6:40 – 7:45 pm	
\$180.00	Dance	6:40 – 7:00
	Freeskate	7:00 – 7:45
	Friday Night	
\$180.00	6:05 – 7:45 pm	
	Dance	6:05 – 6:35
	Skills	6:35 – 7:00
	Freeskate	7:00 – 7:45

PLEASE NOTE THAT THE CLUB RESERVES THE RIGHT TO CANCEL ANY GROUP SESSION IF THERE ARE NOT ENOUGH SKATERS REGISTERED FOR THAT SESSION. FULL REFUNDS WILL BE GIVEN IF PROGRAM IS CANCELLED LESS SKATE CANADA FEE IF APPLICABLE.

Group instruction will be provided on Preliminary Dance, Skills, and Freeskate elements.

Skaters will be expected to warm up independently for the first 15 minutes and practice instructed skills on their own for the last 15 minutes.

Skaters who receive private coaching will be able to receive their lesson during this session.



Spring 2010 Registration Form

Spring 2010 Registration Form	
Name:	Birthdate:
Address:	
City:	Postal Code:
Phone#:	Health Card#:
Email Address:	
For returning skaters only:	
Skate Canada#:	Last Stage completed:

Group StarSkate	Monday 4:00 – 5:35		190.00
Group StarSkate	Wednesday 6:40 – 7:45		155.00
Group StarSkate	Friday 6:05 – 7:45		180.00
Skate Canada fees for new skaters not registered in Winter Session			36.00
Total			

**Refunds will only be allowed within 2 weeks of first skated session
except for medical reasons. A doctor's note may be required.
Skate Canada Fees are not refundable.**

Due to new tax laws, receipts will not be issued at time of registration.

From time to time, we publish results on our website or in local paper. Initial here if you do not want your skaters' name published _____

We'd like to wish our skaters a happy birthday on the local radio station. Initial here if you do not want your child's birthday announced _____

Please initial here if you prefer not to receive mailings, emails, telemarketing, brochures, etc. from us. _____

"THE INFORMATION ON THIS FORM WILL BE USED TO VERIFY RESIDENCY IN CHATHAM-KENT AND WILL REMAIN CONFIDENTIAL."

Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and the Personal Information Protection and Electronic Documents Act (PIPEDA) and will be used exclusively to administer the programs/facilities of the Municipality of Chatham-Kent. The Municipality of Chatham-Kent respects the privacy of its clients. At no time does the Municipality of Chatham-Kent, sell or distribute our client list. From time to time, with your permission, we use our client/information list as contacts for promotions, special offers and news about municipal programs and facilities. In accordance with MFIPPA and PIPEDA. Inquiries about this collection may be directed to the Freedom of Information Coordinator at (519) 360-1998.

The applicant agrees that the Chatham Figure Skating Club and/or its proprietors and coaches will not be held responsible for any loss, however caused, and agrees to the release of the proprietors and/or coaches from all claims or damages which may arise as a result of or by reason of such injuries or loss of any nature whatsoever. If any injury takes place while on the ice, please notify someone in charge at the time, so an incident report can be filed, and if necessary, a claim can be sent to our insurance coverer.

SIGNATURE OF PARENT or GUARDIAN: _____

Office Use Only			
Payment Amount:	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> AFK
Cheque #s			