



Peace Passage Skating Club

Club No. 1001383
PO Box 627, Taylor, BC V0C 2K0

Email: peace.passage@yahoo.ca Website: www.peacepassage.ca



MEMBERSHIP REGISTRATION

Please send all completed registration forms to: registerppsc@gmail.com

SKATER INFORMATION:

Skaters Surname:		First Name & Initial:		Birthdate: M/____D/____Y/____ Gender: F____ M____	
Street Address:		City/Town:		Province:	Postal Code:
Parent/Guardian's Name:		Email Address:			
		Secondary Email Address:			
Phone # Main:	Phone # Other:		Emergency Contact if different than above:		
				Name:	Phone #
Any Medical Concerns/Allergies/Medications? YES____ NO____			If Yes, Please List:		
New Member? YES____ NO____			Skate Canada #		
Skate Canada Levels/Tests Past:					
CanSkate:	Freeskate:	Dance:	Skills:	Artistic/interpretive:	
Level Registered: (check one)					
____ CanSkate AM (Fall)	____ CanSkate PM (Fall)	____ CanSkate AM (Winter)	____ CanSkate PM (Winter)	____ CanPower (Fall)	
____ PreSTAR	____ STAR 1		____ STAR 1+	____ STAR 2 & UP	
____ Adult		____ Special Olympics		Other:	
Registration Fees					
Program Fee: \$_____ + Skate Canada Membership Fee: \$50.00 = Total Registration Owing \$_____					Initial:
Waiver:					
I hereby certify that I am the parent guardian of the above skater and hereby understand and agree to the following as indicated:					
* I give permission to participate in club activities and agree that I/we will abide by Skate Canada and Peace Passage Skating Club rules and policies. I also agree to pay all monies owing to the Club or professionals for lessons or expenses paid by the Club on behalf of the skater.					
* I acknowledge that a portion of the registration fee paid is allocated to Skate Canada and accidental insurance should any injury occur. I agree to hold harmless and release Peace Passage Skating Club and Skate Canada for all liability for any personal loss, damage or injury of any kind that may be sustained by the skater in any manner while participating in Club activities. I further consent to emergency medical procedures that may be deemed necessary by a licensed medical practitioner as a result of the skater's involvement in Club activities.					
* I agree that Skate Canada and its members, including my local skating club, may photograph, film and/or otherwise reproduce my likeness and/or voice in the course of my enrollment and participation in programs and events conducted or sponsored by Skate Canada or my local skating club (the "Reproductions"). I acknowledge and that Skate Canada or its designate will own all worldwide right, title and interest in and to the Reproductions.					
* I hereby irrevocably grant Skate Canada, its licensees and assigns, the right to utilize the Reproductions in any and all manner and media, now known or unknown, through the perpetuity. I agree that the Reproductions may be edited in Skate Canada's sole discretions and may be used with or without my name associated with them, I expressly release Skate Canada, its members, directors, agents, employees, licensees and assigns from and against any and all claims which I have or may have, whether known or unknown for invasion of privacy, misappropriation or personality, defamation or any other cause of action arising out of the Reproduction.					
Failure to abide by Club Rules and Regulation my result in revoking of membership by the Club Executive without refund.					
Date:	Signature (Parent/Guardian if under 18 yrs.):		Parent/Guardian Print Name:		Witness Signature:

Payment Options: Cash, Cheque, or Email Transfer (Password: skating)