



Mission Skating Club

P.O Box 3337, Mission B.C. V2V 4J5

Phone: 604-826-9373

www.missionskatingclub.com

PROGRAM REGISTRATION FORM

Date: _____

Skate Canada Number: _____

Skater's Surname: _____ Skater's First Name: _____

Birthdate: _____ Personal Health Number: _____

Gender: Male ___ Female ___ Medical Alert: _____

Skater's Address: _____ (City) _____ (Postal Code) _____

Parent/Guardian's Name: _____ Phone Number: _____

E-mail Address: _____

Secondary Emergency Contact:

Name: _____ Phone Number: _____

Relationship to Skater: _____

Coach's Name: _____

Coach's Phone Number: _____ Coach's Email Address: _____

PROGRAM	SESSION	AMOUNT
STARSKATE	Fall OR Winter: (Sat. 8:30-9:30 AM) Spring (_____)	
CANPOWER Level 1	Fall OR Winter (Mon. 6-6:45 PM) Spring (_____)	
CANPOWER Level 2 and up	Fall OR Winter (Mon. 6:45-7:30) Spring (_____)	
CANPOWER ADULT	Spring (_____)	
SPECIAL OLYMPICS	Fall (_____)	
	SKATE CANADA & SAFE SPORT FEES:	\$36
	TOTAL:	
	CREDITS:	
	TOTAL FEES OWING:	

NO REFUNDS. Cancellations due to medical reasons will be considered if submitted in writing to the MSC executive.

Skater/Parent/Guardian Signature: _____

Paid in full by Cash _____ **OR** **Cheque #** _____ **A penalty of \$30 will be charged for all NSF cheques.**

Media Waiver Form Completed: _____

ACCEPTED BY: _____ (MSC representative)



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**Photograph/Media/Liability
Waiver and Release Form**

Skater: _____

Skate Canada # _____

Address: _____ **Postal Code:** _____

Birthdate: _____ **Male**___ **Female**___

Phone Number: _____

Email Address: _____

I hereby release the Mission Figure Skating Club Society, its members, directors, agents, employees, licensees and assigns from and against any and all claims which I have or may have. I fully understand that the Mission Figure Skating Club is not responsible for any loss, injury or damage sustained as a result of any of the Club's activities or programs.

Also, I hereby consent to the collection and use of my child's personal images by photography or video recording. I acknowledge these may be used on the Mission Skating Club website, in social media, in newsletters and publications as well as distributed to members. I further acknowledge that my child's image may be used by the Mission Skating Club and media to promote skating in the future. I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I give this consent voluntarily.

Dated on _____, _____ in Mission, British Columbia, Canada
(Month, Day) Year

Signature of Skater or Parent/Guardian

(Printed name of person giving consent & parent /guardian if under 18 years of age)

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.

Revised: August 2, 2017