

## The Corporation of the Township of

## **NORTH KAWARTHA**

Fall 2022 & Winter 2023

## Figure Skating Club Registration Form

P.O. Box 550, 280 Burleigh Street Apsley, Ontario K0L 1A0 (705) 656-4445 Fax: (705) 656-4446 Toll Free: 1-800-755-6931 www.northkawartha.ca

Name of Skater:		Date of Birth:			□ Male □ Female		
Address:		dd/mm/yyyy			Postal Code:		
Address.		City:			Fosial Code.		
Home Phone:		Cell Phone:			E-mail address:		
( ) -		( ) -			5 0 1 1 1 1		
Name of Parent/Guardian:		Emergency Contact Name:			Emergency Contact Phone:		
Allergies/Medica	ll Conditions (if yes, <sub>I</sub>	olease specify)	: No `	Yes	•		
Septen	nber 13, 2022 to M	arch 25, 2023 (Excluding Christmas			Holidays) Fee Calculation		Fee Calculation
Learn to	Stages 1 & 2	Tuesday (26 weeks)		6:00 – 6:30 pm		□ \$105	
Skate	Stages 3 & 4	Tuesday (26 weeks)		6:10 – 6:50 pm		□ \$210	
Intermediate	Stages 5, 6, Advance Level 1	(26 weeks)		4:00 – 4:50	0 pm	□ \$350	
Senior	Advance Levels 2 & 4	Tuesday and (26 we		5:00 – 5:50	0 pm	□ \$350	
Payment	□ Cash	□ Cheque	□ Debit	St	taff	Total Due:	
		Figure	Skating Cl	ub Waiver			
respective employ AND FROM ALL respect of death, of my participation subsequent to the negligence of any I FURTHER HER from and against participation in the BY SUBMITTING	yees, volunteers, age claims, demands, da injury, loss or damagn in the said event, we event AND NOTWI'r of the aforesaid.  EBY UNDERTAKE to any and all liability in esaid event.  this ENTRY, I ACKN	ents, officials, somages, costs, on the my person whether as specific THSTANDING on HOLD AND socurred by any officials, so the model of	ervants, con expenses, a n or property stator, partici that same m SAVE HARM or all of them	tractors, reportions and care HOWSOEV pant, compensay have been sufficiently and Amarising as a D, UNDERS	resent auses ER C/ etitor o en con AGREE a resul	eatives, success of action, whet AUSED, arising r otherwise; wh tributed to or of TO INDEMNII t of, or in any w	FY all of the aforesaid vay connected with my  D to the above
WAIVER, RELEASE, and INDEMNITY. I WARRANT that I am physically fit to participate in this event.  Signature of Participant:							
	age, Parent or Guardi	an to sign below	n to sign below				
Signature of Pare	nt/Guardian:		Date:				
	s collected under the Mur wnship of North Kawartha	Sports Program.			rivacy /	Act for the purpose	of registration and
I	harahy giye		PHOTO WAI		Kawar	tha to use any	nhotos takan of my
child during this e	, hereby givent in publications,	Township web	site and/or S	Social Media	applic	ations.	photos taken or my
Signature of Pare	nt/Guardian:		Date:				