



**Township of North Kawartha**  
**Department of Parks and Recreation**  
 280 Burleigh Street, PO Box 550, Apsley, ON K0L 1A0  
 Tel: 705-656-4445 | 1-800-755-6931 | Fax: 705-656-4446  
[www.northkawartha.ca](http://www.northkawartha.ca)

## Figure Skating Boot Camp 2024

Name of Skater:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	Postal Code:
Home Phone:	Cell Phone:	E-mail address:
Name of Parent/Guardian:	Emergency Contact Name:	Emergency Contact Phone:
Allergies/Medical Conditions (if yes, please specify): <input type="checkbox"/> No <input type="checkbox"/> Yes		

<b>Figure Skating Boot Camp</b>	Tuesday, Sept. 03	5:00 pm to 5:45 pm - Off-ice stretching and warm-up 6:00 pm to 7:00 pm - <b>On-ice</b> warm-up and conditioning	<b>\$75</b>
	Thursday, Sept. 05	5:00 pm to 5:45 pm - Off-ice stretching and warm-up 6:00 pm to 7:00 pm - <b>On-ice</b> warm-up and skill development	
	Saturday, Sept. 07	12:00 pm to 12:45 pm - Off-ice stretching and warm-up 1:00 pm to 2:00 pm - <b>On-ice</b> warm-up and skill development	
	Sunday, Sept. 08	12:00 pm to 12:45 pm - Off-ice stretching and warm-up 1:00 pm to 3:00 pm - <b>On-ice</b> warm-up and skill development	
<input type="checkbox"/> Payment Rec'd	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque <input type="checkbox"/> Debit    Init:	<b>Total:</b>

### Figure Skating Club Waiver

Understanding that Ice Skating can be a dangerous sport, and in consideration of the acceptance of my application and the permission to participate as a student in the North Kawartha Skating Club, I, for my self, my heirs, executors, administrators, successors and assigns hereby release, waive and forever discharge the Corporation of the Township of North Kawartha, and all other associations, sanctioning bodies and sponsoring companies, and all their respective employees, volunteers, agents, officials, servants, contractors, representatives, successors and assigns of and from all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property howsoever caused, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I further hereby undertake to hold and save harmless and agree to indemnify all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event.

By submitting this entry, I acknowledge having read, understood and agreed to the above waiver, release, and indemnity. I warrant that \_\_\_\_\_ is physically fit to participate in this event.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age, Parent or Guardian to sign below

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information is collected under the Municipal Freedom of Information and Protection of Privacy Act for the purpose of registration and participation in the Township of North Kawartha Sports Program.

### Photo Waiver

I, \_\_\_\_\_, hereby give permission for the Township of North Kawartha to use any photos taken of my child during this event in publications, Township website and/or Social Media applications.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_