

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

Fall 2025 & Winter 2026 Figure Skating Club Registration Form

Name of Participant:		Date of Birth:		□ Male □	□ Male □ Female	
Address:		City:		Postal Code:	Postal Code:	
Home Phone:		Cell Phone:		E-mail addres	E-mail address:	
Name of Parent/Guardian:		Emergency Contact Name:		Emergency Contact Phone:		
Allergies/Medical Conditions (if yes, please specify): □ No □ Yes						
September 9, 2025 to March 28, 2026 (Excluding Christmas Holidays)						
Learn to Skate	Stages 1 & 2	Tuesday		6:00 – 6:30 pm		
	Stages 3 & 4	Tuesday		6:00 – 6:50 pm		
Intermediate	Stages 5 & 6	Tuesday a	and Thursday	4:00 – 4:50 pm	□ \$390	
Senior	Advance Levels 1 & 2	Tuesday and Thursday		5:00 – 5:50 pm	□ \$390	
Payment (No Refunds)	□ Cash	□ Cheque	□ Debit	Staff Initials:	Total:	
Figure Skating Club Waiver						
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 of Participant If under 18 years of age, Parent or Guardian to sign below						
Signature of Parent/Guardian: D				e:		
Personal information is	collected under the Munici	pal Freedom of Infor				
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.						
		Date:				