



Dundas Figure Skating Club

Website: www.dundasfsc.ca

Email: skate@dundasfsc.ca

Phone/Fax: 905-628-4008

Mail : P.O. Box 65553 Dundas, Ontario L9H 6Y6

CanPowerSkate - Spring

March 24 – May 6, 2017

12 sessions over 7 weeks

(No classes Friday, April 14 & Saturday, May 6)

PLEASE PRINT CLEARLY and use one application per skater

Name of Skater	F M	Birth Date	MONTH / DAY / YEAR
Address	Skate Canada #		NEW SKATER
City	Postal Code	Home Club (if not Dundas)	
Phone	Emergency phone #		
Parent/Guardian	Email		
Health Card #	Applicable Health/Learning Concerns		

Hockey Association (if applicable)

Skaters are not permitted on the ice until the application and payment have been accepted by the Board. The refund policy is outlined in the skater handbook.

<p>CanPowerSkate (Power 1-3+)</p> <p>Fridays 7:00-8:00 PM <u>AND</u> Saturdays 1:10-2:00 PM</p> <p><input type="checkbox"/> \$225</p> <p>60 min session (Fri) + 50 min session (Sat)</p>

***All programs run at Olympic Arena, 70 Olympic Drive, Dundas, ON unless otherwise stated.**

PLEASE NOTE THAT THE CLASSES REQUIRE FULL HOCKEY GEAR, INCLUDING STICK.

Sub-Total from above \$ _____

Skate Canada/WOS Registration, Insurance & Safe Sport Fee
 – per skater annually, \$ 35.70

check here *if fee paid in Fall or Winter (Do not pay if paid in Fall or Winter)*

Total Fees Payable \$ _____



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FOR OFFICE USE

Processed by: _____ Date: _____

Skater(s): _____ Total Fees from front: \$ _____

Method of payment (choose one)

1. **Cash** (Receipt # _____) 2. **Cheque** (Cheque # _____) 3. **Debit**

4. **Credit** (Circle one) VISA / Mastercard / Other (_____) Card# _____

Exp. _____ / _____ Name on Card _____

mob# (Debit/Credit only) _____ Time of Transaction: _____

Email (Debit/Credit only) _____

I _____, wish to enroll _____ in skating programs at the Dundas Skating Club. I understand that the Dundas Skating Club is not liable in the case of accident, injury or loss however caused. In submitting this document, I acknowledge that the Dundas Figure Skating Club may use my or my child's photograph in club publicity or advertising and I authorize the Dundas Figure Skating Club to conduct an internal financial review and to vote on my behalf at the Annual General Meeting.

- I DO NOT authorize the Dundas Figure Skating Club to use my or my child's photograph in Club publicity or advertising.
- I DO NOT authorize the Dundas Figure Skating Club to conduct an internal financial review.
- I DO NOT authorize the Dundas Figure Skating Club to vote on my behalf at the Annual General Meeting.

Signature (Parent/Guardian if under age 18) _____ Date: _____

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.