

# **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

# CanSkate - Spring March 21 - May 6, 2017 (No skating on Friday, April 14, 2017)

# PLEASE PRINT CLEARLY and use one application per skater

Name of Sk	rater F M	Birth Date MONTH / DAY / YEAR			
Address		Skate Canada # NEW SKATER			
City	Postal Code	Home Club (if not Dundas)			
Phone		Emergency phone #			
Parent/Gua	ardian	Email			
Health Card	# #	Applicable Health/Learning Concerns			
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.					
	CanSkate (Stages 1-3, Including Pre-CanSkate)				

Tuesdays 6:00-6:50 PM Thursdays 6:00-6:50 PM Saturdays 9:10-10:00 AM ☐ **\$130** (50 min) **7 weeks** ☐ **\$130** (50 min) **7 weeks** ☐ **\$130** (50 min) **7 weeks** CanSkate Pre-Teen Fridays 6:00-7:00 PM ☐ **\$138** (60 min) *6 weeks* **Advanced CanSkate** (Stages 4-6) Saturdays 12:00-1:00 PM Wednesdays 6:00-7:00 PM Fridays 6:00-7:00 PM ☐ **\$160** (60 min) **7 weeks** ☐ **\$138** (60 min) *6 weeks* □ **\$160** (60 min) **7 weeks** 

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

Total Fees Payable \$	
check here $\square$ if fee paid in Fall or Winter (Do not pay if paid in Fall or V	Vinter)
– per skater annually, \$	35.70
Skate Canada/WOS Registration, Insurance & Safe Sport Fee	
Sub-Total from above \$	



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### **FOR OFFICE USE**

Processed by:		Date:		<u></u>
Skater(s):			Total Fees from fr	ont: \$
Method of payı	ment (choose one)			
<b>1.</b> □ Cash (R	eceipt #)	<b>2.</b> □ <b>Cheque</b> (Cheque #_	)	3. □ Debit
4. □ Credit (	Circle one) VISA / Mastercard	d / Other ( ) Card#_		
Exp	/ Name o	n Card		
mob# (Debit/Cr	redit only)		Time of	f Transaction:
Email (Debit/Cr	edit only)			
	, wish to	enroll	in sk	ating programs at the Dundas
nowever caused. or my child's phot	In submitting this docum	ent, I acknowledge that or advertising and I au	at the Dundas Fi thorize the Dunc	of accident, injury or loss gure Skating Club may use my das Figure Skating Club to eral Meeting.
0	<u>I DO NOT</u> authorize the Dupublicity or advertising.	undas Figure Skating Clu	b to use my or my	child's photograph in Club
0	I DO NOT authorize the Do	undas Figure Skating Clu	b to conduct an in	iternal financial review.
0	I DO NOT authorize the Do Meeting.	undas Figure Skating Clu	b to vote on my b	ehalf at the Annual General
Signature (Parer	nt/Guardian if under age 18	3)		Data

### **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.