



# Dundas Figure Skating Club

[www.dundasfsc.ca](http://www.dundasfsc.ca)

[skate@dundasfsc.ca](mailto:skate@dundasfsc.ca)

Like us on Facebook [DFSC](#)

905-628-4008

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



## Group Dance & Stroking for STARSkaters

*(For all STARSkaters excluding Advanced STARSkaters)*

### Winter Session (20 weeks)

*October 21, 2017 – March 10, 2018*

Please print clearly and fill out one application for each skater

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

*All skaters must have submitted the application and payment before being permitted on the ice. The refund policy can be found in the STARSkate Handbook, on the website at [www.dundasfsc.ca](http://www.dundasfsc.ca).*

## Group Dance & Stroking for STARSkaters

*(For all STARSkaters excluding Advanced STARSkaters)*

Sat 1:00-2:00 PM

\$300 (60 min)

**\*NOTE: This session is being offered as a supplemental program for STARSkaters already enrolled in regular STARSkate sessions.**

Sub-Total from above \$ 300.00

**Total Fees Payable \$ \_\_\_\_\_**

I \_\_\_\_\_, wish to enroll \_\_\_\_\_ in skating programs at the Dundas Figure Skating Club. I understand that the Dundas Figure 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](mailto:safesport@skatecanada.ca).

**FOR OFFICE USE ONLY**

Processed by:	Date:	<b>Total Fees for All Skaters:</b>	
Skater(s):		_____	
_____		_____	
<b>Method of payment (choose one) – Initial Payment if Using Payment Plan</b>			
<input type="checkbox"/> <b>Cash</b> (Receipt #)	<input type="checkbox"/> <b>Cheque</b> (Cheque #)	<input type="checkbox"/> <b>Debit</b>	<input type="checkbox"/> <b>Credit</b> (Circle one) VISA / Mastercard / Other
<b>mob# (Debit/Credit only):</b>		<b>Time of Transaction (Debit/Credit only):</b>	
<b><i>Required for payment plan using credit or when manually entering credit information</i></b>			
<b>Card#</b>	<b>Exp.</b>	<b>Name on Card</b>	
<b>Using Payment Plan?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   (If yes enter details below)</b>			
1 <sup>st</sup> (Initial) Installment (40% of Total) <input type="checkbox"/> <b><u>Paid</u></b> <b>Amount Due \$</b> _____	See above		See above
2 <sup>nd</sup> Installment (30% of Total) <i>Due Nov 1/17</i> <b>Amount Due \$</b> _____ <input type="checkbox"/> <b><u>Paid</u></b> <b><u>Date Paid:</u></b> _____	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit Receipt # / mob# (Debit/Credit only)		Time of Transaction: (Debit/Credit only)
3 <sup>rd</sup> Installment (30% of Total) <i>Due Dec 1/17</i> <b>Amount Due \$</b> _____ <input type="checkbox"/> <b><u>Paid</u></b> <b><u>Date Paid:</u></b> _____	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit Receipt # / mob# (Debit/Credit only)		Time of Transaction: (Debit/Credit only)