



Dundas Figure Skating Club

www.dundasfsc.ca

skate@dundasfsc.ca

Like us on Facebook [DFSC](#)

905-628-4008

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



Teen+ Group CanSkate / Teen+ Beginner Group STARSkate Spring Session (7 weeks) March 20 – May 1, 2018

Please print clearly and fill out one application for each skater

Name of Skater F M	Birth Date MONTH / DAY / YEAR
Address	Returning Skater <input type="checkbox"/> Yes <input type="checkbox"/> No
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 CanSkate & Group Handbook, on the website at www.dundasfsc.ca.

Programs run at Olympic Arena (70 Olympic Drive, Dundas) unless otherwise stated.

Teen + Group CanSkate (Stages 1-6)	<input type="checkbox"/> Tues 8:00-9:00 PM \$165 (60 min)
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Teen+ Beginner Group STARSkate (must have completed CanSkate Stage 6)	<input type="checkbox"/> Tues 8:00-9:00 PM \$165 (60 min)
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Sub-Total from above \$ _____

Skate Canada **Registration, Insurance & Safe Sport Fee** (per skater annually) \$ 35.70

Paid in Fall/Winter

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.

FOR OFFICE USE ONLY

Processed by:	Date:	Total Fees:
Skater(s):		
Method of payment (choose one)		
<input type="checkbox"/> Cash (Receipt # _____)	<input type="checkbox"/> Cheque (#_____)	<input type="checkbox"/> Debit
<input type="checkbox"/> Credit (Circle one) VISA / Mastercard / Other (_____)		
<i>(only required when manually entering credit information)</i>		
Card#	Exp.	Name on Card
<i>Please note this information is required for EVERY CREDIT and DEBIT transaction- do not leave blank!</i>		
mob# (Debit/Credit only)		Time of Transaction:
Email (Debit/Credit only)		
Notes:		