

Skating Programs/Fees

Pre-School Skate \$40.00
(2-5 years of age)

Learn To Skate \$100.00
(4-10 years of age)

Power Skating \$100.00
(5-12 years of age)

PARTICIPANT INFORMATION

Participant 1 Name _____ **Health Card #** _____

Birthdate ____/____/____ **Program** Pre-School Learn To Skate Power Skating

Allergies (food & environmental) _____

**Medical Conditions/
Medications** _____

Participant 2 Name _____ **Health Card #** _____

Birthdate ____/____/____ **Program** Pre-School Learn To Skate Power Skating

Allergies (food & environmental) _____

**Medical Conditions/
Medications** _____

Participant 3 Name _____ **Health Card #** _____

Birthdate ____/____/____ **Program** Pre-School Learn To Skate Power Skating

Allergies (food & environmental) _____

**Medical Conditions/
Medications** _____

CONTACT INFORMATION

Address _____

Parent/Guardian Name _____

Home # _____ **Work #** _____ **Cell #** _____

Emergency Contact Name & Phone _____

**Please complete and return application with payment in person to the Deseronto Community Centre
(51 Mechanic St.) or Deseronto Town Hall (331 Main St.)**

The above mentioned participant(s) has my permission to join in the skating program indicated above. I will provide his/her transportation to and from the program, and/or accompany the participant on the ice during the program (for pre-school skating lessons only). The above mentioned participant(s) will remain in the program area until the specified time unless supplied with written permission to leave early. The name of the individual picking up the participant(s) will be provided to program staff. It is also understood that the participant(s) will be properly supervised and that reasonable safety precautions will be taken. I am also aware that there are always risks associated with any physical activities. Having knowledge of these risks and being allowed to participate in the program, I hereby assume all risk of injury, damage and liability arising from such activities or use of any equipment and hereby release the Town of Deseronto, its officials, employees and agents of any claims, lawsuits or any personal injury or other consequences occurring to my child/children as a result of their voluntary participation in the activities being registered for.

Parent/Guardian Name _____ **Date** _____

Parent/Guardian Signature _____

Office Use Only

Registration Fee Status: Paid Unpaid