

TARA Skating Club

2023/2024

Skater's Name: _____ Birthdate: _____ / _____ / _____
MM DD YYYY

Skate Canada #: _____ M / F Home Club: _____

Address: _____

Phone #: (_____) _____ Email: _____

Membership:

<input type="checkbox"/> CanSkate		\$200
<input type="checkbox"/> CanSkate Hockey		\$200
STARSkate	<input type="checkbox"/> Monday and Thursday	\$500
	<input type="checkbox"/> Monday	\$400
	<input type="checkbox"/> Thursday	\$275
SynchroSkate	<input type="checkbox"/> STAR 3/4	\$300
	<input type="checkbox"/> Adult	TBD
e-Transfers & this form can be sent to skate.tara@outlook.com Cheques payable to "Tara Skating Club" and can be mailed with a signed copy of this form to: Tara Skating Club, c/o The Nesbitts, 24 Chestnut Hill Cres, Tara, ON, N0H 2N0		Total Due:

Additional Registration Information:

- The \$59 Skate Canada fee for insurance and use of their programs is included in all club programs (excludes SynchroSkate)
- All CanSkate & STARSkate refund requests must be submitted in writing before the third week of skating to receive a 50% refund
- No refunds will be granted to SynchroSkate after skaters have been registered. Any other fees required to operate the synchronized skating teams will be between the skater and team manager.
- Registration consents to use of the skater's personal images by photography or video recording; these may be used on the skating club website, in social media, newsletters and publications.
- The Club reserves the right to modify the schedule and grouping based on enrolment numbers.
- No testing shall be permitted if the member is not in good standing with the Club.
- For safety Skate Canada requires all skaters to wear a hockey helmet until they have successfully completed Stage 5 and prohibits the use of adhesive products (stickers, name tags, etc.) as it may compromise the material and will void the warranty.

Liability Form and Release:

Re: _____ (skater's name)

It is understood and agreed, as a condition of participation in skating programs offered by the Tara Skating Club, its coaches and Skate Canada, that neither the club nor Skate Canada shall be liable for any injury, loss or damage suffered by the above-noted member while travelling to or from or while participating in skating practices, competitions or other activities, however caused. It is further agreed that neither the Club, coaches nor Skate Canada is responsible for any injury, loss or damage caused by the member while travelling to or from or while participating in the said practices, competitions or other activities. The member, or his/her parent/legal guardian who has signed this form, shall indemnify the Club, coaches and Skate Canada and hold them harmless from any claims, demands or actions arising from or in respect of such injury, loss or damage.

Athlete (age 18+) or Parent/Legal Guardian:

Print Signature Date

Rowan's Law Acknowledgement Form for Athletes and Parents/Guardians

Athletes under 26 and parents of athletes under 18 years of age must confirm that they have reviewed the Government of Ontario Concussion Awareness Resources below and Skate Ontario's Concussion Code of Conduct for Athletes and Parents/Guardians prior to registration and/or on the first day of skating.

Government of Ontario Concussion Awareness Resources – Rowan's Law E-booklet:

- [Ages 10 and Under](#)
- [Ages 11-14](#)
- [Ages 15 and Up](#)

Skate Ontario:

- [Concussion Code of Conduct for Athletes and Parents/Guardians](#)

Skater

I acknowledge that I am the skater participating in physical activities at the (insert name of Skating Club/Skating School and I have read the Government of Ontario Concussion Awareness Resource for my age group **and the Skate Ontario Concussion Code of Conduct** and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parent/guardian. I understand that I must be removed from practice/competition if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/competition. I understand the possible consequence of returning to practice/competition too soon and that my brain needs time to heal.

Parent/Guardian

I acknowledge that my child is participating in physical activities at the [insert name of Skating Club/Skating School) and I have read the Government of Ontario Concussion Awareness Resource for his/her age group and the Skate Ontario Concussion Code of Conduct and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to coaches and any other designated persons at the club/skating school. I understand that my child must be removed from practice/competition if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before my child is permitted to return to practice/competition. I understand the possible consequence of returning to practice/competition too soon and that my child's brain needs time to heal.

Athlete: _____

Parent/Guardian (of athletes who are under 18 years of age): _____

Date _____

