



TOWNSHIP OF MCKELLAR
FIGURE SKATING/POWER SKATING PROGRAM



REGISTRATION FORM

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NO: _____

AGE: _____ MALE ----- FEMALE -----

TUESDAYS.. (FOR APPROX. 8 WEEKS DEPENDING ON WEATHER)

BEGINNER:..... 5:00 P.M. - 5:45P.M. FEE: \$50.00 PER CHILD
NOVICE 5:45 P.M. - 630 P.M. OR \$90.00 PER FAMILY

***NOVICE WISHING TO TAKE ICE DANCING ... \$10.00 EXTRA PER CHILD.

ICE DANCE CLASS 6:30 P.M.-7:00 P.M. ... FEE \$25.00
NOVICE.....
ADULT
SENIOR

WEDNESDAYS(FOR APPROX 8 WEEKS DEPENDING ON WEATHER

POWER SKATING "ONLY" 5:00 P.M. - 5:30 P.M



FEE \$25.00

PAYMENT: CASH CHEQUE.....

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RULES AND SUGGESTIONS

1. CSA APPROVED HELMETS ARE MANDATORY.
2. NO LONG SCARVES
3. NO GUM/FOOD ON THE ICE.
4. DRESS IN CLOTHING WHICH ALLOWS FOR MOVEMENT.
5. MITTS ARE BETTER THAN GLOVES.
6. SKATES NEED TO BE PROPERLY FITTED.
7. SKATES NEED TO BE SHARP.
8. DRESS IN LAYERS
9. A PARENT WEARING SKATES IS REQUIRED TO BE ON THE ICE WITH ANY PARTICIPANT WHO CANNOT STAND INDEPENDENTLY ON SKATES.
10. BE READY TO STEP ONTO THE ICE AT YOUR CLASS START TIME AND (USE WASHROOM IN ADVANCE)

NOTE: Please make sure the Township has your e-mail address and/or daytime telephone number.

You will be advised by e-mail of cancellations by 3:00 p.m.
Those without e-mail will be telephoned.



Township of McKellar

701 Hwy #124, P.O. Box 69, McKellar, Ontario POG 1C0

Phone: (705) 389-2842

Fax: (705) 389-1244

WAIVER CLAUSE - 2012 HOLD HARMLESS AGREEMENT, YOUTH SKATING

In consideration of the Corporation of the Township of McKellar permitting the use of its facilities and participation in the Youth Skating Program, the undersigned hereby agrees to indemnify and save harmless the Corporation of the Township of McKellar, its agents, servants and employees from and against all actions, suits, claims, and demands which may be brought against the Corporation of the Township of McKellar arising from the anticipated use of the said facilities and the participation of my child/children/guardians in the Township of McKellar Youth Skating Program.

I have read, and have in my possession, and agree to comply with the conditions of this Agreement.

Name (Parent/Guardian)

Child's name

Signature

Child's name

Date

Child's name