

**2018-2019 REGISTRATION FORM**  
**Rosetown Elkette Skating Club PO Box 1673 Rosetown, SK S0L 2V0**

Skater's Name: \_\_\_\_\_ Sex: M/F \_\_\_\_\_

Date of Birth: (DD/MM/YYYY) \_\_\_\_\_ (Must be born 2015 or later)

Parents/Guardians Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (H)- \_\_\_\_\_ (C)- \_\_\_\_\_

Does your child have any medical conditions, food allergies or accommodations that we should be aware of?

If yes, please list: \_\_\_\_\_

**Sask Sport Inc. Aboriginal Voluntary Self Declaration:**

Note: \*\* Providing this information is voluntary and will be used for statistical purposes, only. The data will be used to identify success within Sask Sport Inc. program and service areas. It will not be used by Skate Canada – Saskatchewan for any other prohibited preference as per *The Saskatchewan Human Rights Code*.

Please check one of the following that is most applicable to your Aboriginal ancestry\*\*:

Status/Treaty       Non-Status       Métis       Inuit

Photo/Video/audio Release Form

I irrevocably grant The Rosetown Elkette Skating Club permission to use any/all photographs, video, and/or audio recordings of my child, or myself, which may be taken during skating times, or at events that pertain to The Rosetown Elkette Skating Club. I understand that the audio/video/photographs are to be used in public relations/advertising/publishing material to help promote The Rosetown Elkette Skating Club. These may include but are not limited to:

- Brochures, Displays, Newsletters, Newspapers, Reports, Website, etc.

I give permission for my child's name, or my name, to be included in any, or all of these publications as well.

Name of Skater: \_\_\_\_\_

Name of Parent (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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).

## CanSkate/Pre-Power Skate

45 minute sessions, Monday & Wednesday 6:15pm-7:00pm

### CanSkate/Pre-Power Skate

Please choose one of the following options:

2 Days/Week = \$300

1 Day/Week = \$225

-Please specify day preferred \_\_\_\_\_Monday \_\_\_\_\_Wednesday

Full Payment    Amount: \$\_\_\_\_\_    Cheque Date: Sept 5, 2018    Cheque # :\_\_\_\_\_

OR

1<sup>st</sup> Payment    Amount: \$\_\_\_\_\_    Cheque Date: Sept 5, 2018    Cheque # :\_\_\_\_\_

2<sup>nd</sup> Payment    Amount: \$\_\_\_\_\_    Cheque Date: Jan 8, 2019    Cheque # :\_\_\_\_\_

!!! No refunds will be given after November 1, 2018. !!!

### Fundraising (per family):

Fundraisers: Yellowhead Pizza, 1 Book of Skate Canada Lottery Tickets

One postdated cheque is required, which will be cashed if requirements are not met.

Fundraising    Amount: \$50    Cheque Date: Jan 31, 2019    Cheque # :\_\_\_\_\_

Please make all cheques payable to Rosetown Elkette Skating Club (RESC).