

# LUCKNOW & DISTRICT RECREATION DEPARTMENT

## LEARN TO SKATE

### 2017-2018 REGISTRATION FORM



**REGISTRATION DEADLINE: OCTOBER 6, 2017**

LEVEL	BIRTH YEARS	ICE TIME	FEES
____ JUNIOR (AGES 3-6)	2011/2012/2013/2014	10:35 - 11:05 AM	\$120.00
____ SENIOR (AGES 7-10)	2007/2008/2009/2010	10:00 - 10:30 AM	\$120.00

*Please make registration cheque payable to Lucknow Recreation Department.*

#### **PROGRAM INFORMATION**

16 WEEK SESSION	* CSA APPROVED HELMETS WITH FACEMASK ARE REQUIRED.
SATURDAY MORNINGS	* BIKE HELMETS ARE NOT PERMITTED.
OCTOBER 14, 21, 28	* PRIOR SKATING EXPERIENCE IS NOT REQUIRED.
NOVEMBER 4, 11, 25	* DRESS IN LAYERS, WEAR GLOVES OR MITTS.
DECEMBER 16, 23, 30	* ENSURE SKATES ARE SHARPENED.
JANUARY 6, 13, 27	* SESSIONS ARE 30 MINUTES EACH.
FEBRUARY 3, 10, 17, 24	

#### **REGISTRANT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_ Telephone # \_\_\_\_\_

Home Address \_\_\_\_\_

Parents Names \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Info \_\_\_\_\_

Health Issues/Concerns \_\_\_\_\_

**NOTE:** Any registrant who has not submitted a registration form or paid the registration fee will **not** be permitted on the ice.

**AGREEMENT:** In consideration of the agreement by The Lucknow & District Joint Rec. Board By-Laws to supply coaching and ice facilities for practice and games, the undersigned parent/ guardian agrees to abide by the terms set forth in the L&DJRB By-Laws governing the conditions under which applicants shall participate in the Learn to Skate program.

It is advisable that every registrant be covered under the Ontario Hospital Insurance Plan. In case of injury, the player and parent herewith waives all claims of any kind against L&DJRB and Lucknow Minor Sports in regards to injuries incurred by said registrant while participating in the program. This consent recognizes that all reasonable precautions will be taken to prevent accidents or injuries. Permission is given to allow supervisors to seek emergency medical treatment.

**PHOTO RELEASE:** I authorize the use of any photo taken while participating in the above program.

**APPROVALS**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE