



CanSkate Program

2011/2012 Fall/Winter Ice Fees

Applications may be forwarded to: Arctic Edge Skating Club, 4061 - 4th Avenue (Sport Yukon bldg), Whitehorse, YT Y1A 1H1 (Attn: Val Neufeld).

Refunds will be considered for medical reasons only. An administration fee of \$50.00 applies. A service charge of \$30.00 for NSF cheques will be levied. **Registration is on a first-come, first-served basis.**

There will be reduced Saturday sessions due to special events. Schedule updates will be provided on the Arctic Edge website. Skate Canada fee is mandatory and is paid once per year.

Name		
Phone		
Address		
City		Postal Code
Health Care #		
Birth date:		
Email:		
Skate Canada # (if available)		

CanSkate Session (Fall Session October 1 to December 13) (Winter Session January 3rd to March 31 – No skating during March Break)

Day of the Week	Time	Fall Session	Winter Session
Tuesday	5:45 pm to 6:30 pm (from October 4 to November 1) 6:15 pm to 7:00 pm (from November 8 to December 13)	“√”	“√”
Saturday	10:30 am to 11:15 am		

CanSkate Session (17 week session from November 9th to March 29) (subject to change depending on ATCO ice availability – No Skating during Christmas Holidays and March Break)

Day of the Week	Time	“√”
Wednesday	6:15 pm to 7:00 pm	
Thursday	6:15 pm to 7:00 pm	



CanSkate Fee

	Fall Session			Fall & Winter Session			17 Week Session		
	Fee	"√"	Cost	Fee	"√"	Cost	Fee	"√"	Cost
One day per week	\$100			\$170			\$140		
Two days per week	\$170			\$300			\$250		
Skate Canada Fee			\$35			\$35			\$35
	Total			Total			Total		

Method of Payment		"√"	Amount Enclosed	Credit Card Number	Expiry Date
Credit Card	Visa				
Cheque/Cash					

The undersigned agrees to hold and save harmless the Arctic Edge Skating Club, their officers and staff for any claims and injuries sustained during skating sessions or for the loss of property. We agree to abide by the policies and rules of Arctic Edge Skating Club and of Skate Canada as set forth in the rule book of the Association.

Should the opportunity arise, I give permission for _____ to be included in photos and/or videos which may be taken by representatives of Arctic Edge Skating Club for publications, media coverage, club website or promotional activities.

Parent Signature _____ Date: _____