



BLUEWATER  
ZURICH  
SKATING CLUB

## 2022/2023 Registration Form

Box 344, Zurich ON, N0M 2T0. www.bzsc.ca

Club # 100675



Skater's Last Name	Skater's First Name:	Gender:
		<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate:	Skate Canada #	
Parent(s)/ Guardians	Email Address:	
Street Address	Home/ Cell Phone Number:	
City:	Postal Code:	Additional Emergency Contact Number:

**Program Days - (Select One) :**  Tuesday  Saturday  Both

Program	One Day Rate	Two Day Rate
CanSkate	\$250	\$325
Intro to STARSkate	\$325	\$475
STARSkate*	\$350	\$500
*Coaching Costs not included		<b>Program fees:</b>
<b>Payment due at registration</b>		<b>+ Skate Canada Membership:</b> \$45.00
CASH: _____		<b>(1 PER FAMILY) + Lottery booklet:</b> \$40.00
cheque #(s): _____		<b>Total Fee:</b>
E-Transfer: _____		

**FUNDRAISING & VOLUNTEER COMMITMENT** Separate cheque dated: Aug 31, 2023 Cheque # Rec: \_\_\_\_\_

Due to the fact that our registration fees do not cover our ice costs, it is necessary for us to do fundraising to meet our financial obligations.

The Bluewater Zurich Skating Club is run by volunteers. Skating families must contribute 2 hrs of volunteer time per family. Volunteer jobs will be posted on our Facebook page and sign ups held throughout the season.

At registration, we require a post dated cheque for **\$150 per family** in order to cover your commitment to our club fundraisers & volunteer duties.

**Participation in the following events ensures that your cheque will not be cashed.**

A) Lottery booklets **MUST** be handed in by November 1/22 as part of your fundraising commitment.

B) Fulfill your volunteer commitment of 2 hrs/family. Volunteer opportunities will be advertised throughout the season.

First payment due at registration. Cheques payable to "BZSC" or e-transfers\*\* to  
**bluewaterzurichskatingclub@gmail.com**

\*\*ETransfer/Cash is for full payment only. **E-transfers must include the registered skaters name in the message.**

**MEDICAL RELEASE AND CONSENT:** In the event of illness or accident, full consent by the undersigned is given to the adult or physician in charge to do whatever is necessary for the well-being of the skater. The BZSC will not be held responsible for any accident or injury to the skater. **CONFIDENTIALITY:** The BZSC does not release names, number or other information to third parties. Names and numbers will be given to individuals for club purposes only. **MEDIA RELEASE:** The BZSC is permitted to use the image and name of the skater above in any media or promotional materials, including social media (Facebook).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: NSF cheques will be subject to a \$50 fee