



Est 1953



August 24th to September 11th, 2009

Summer and Fall STAR skate registration form

- α Open to skaters who have completed the Can Skate program and wish to continue working on the disciplines of skating skills, freeskate and dance under the following policy criteria:
- α **Skater Criteria Policy:**
Skaters working on the following tests will skate in the appropriate programs for that discipline:
Jr. Skills: Preliminary & Jr. Bronze Sr. Skills: Sr. Bronze - Gold skills
Jr. Dance: Preliminary & Jr. Bronze Sr. Dance: Sr. Bronze - Diamond Dances
Jr. Freeskate: Preliminary Sr. Freeskate: Jr. Bronze - Gold Freeskate
All Stroking and Technique sessions criteria will be based on Freeskate level
If you have questions about where you fit in the criteria, please speak with your coach.
- α All skaters must skate under the guidance of a Skate Canada accredited Pro Coach. The Pro Coach must be present at all sessions that skater is registered for, or a substitute Pro Coach must be engaged by the skater/parent to take responsibility for that skater while on the ice. For further information about Coaches' Credentials and Certification levels please ask for a Coaches Brochure or talk to the coaches directly. The executive will not recommend one coach over another. All initial contacts, arrangements of lessons and payments must be made directly between the Coach and the skater or their parent/guardian.
- α We are a non-profit organization and operate in the Central Ontario Section of Skate Canada. As such, we are governed by the rules and regulations of Skate Canada. All skaters must abide by Skate Canada and FSC rules.
- α Cancellation of a registration after Friday, August 21st, 2009 and N.S.F. cheques will result in a \$25.00 charge.
- α For more information & additional copies of a brochure contact Registrar, Annette Duncan @ 519 821-5562 or President, Sherri Vincent @ 519 787-2992.

Please complete one enclosed registration form for **each skater** completely - front and back - and mail to:

**Fergus Skating Club
P.O. Box 305
Fergus, ON
N1M 3E2**

Cheques are payable to: Fergus Skating Club

Skaters will not be allowed on the ice until registration and fees are received.

All programs have limited enrolment - avoid disappointment and register early. After August 17th please call our registrar to confirm program space.

All programs will be held at the Centre Wellington Sportsplex

For more info visit our club website → www.fergusskatingclub.com

Mission Statement:

To promote self-esteem and growth through skating and to provide an environment of encouragement and fun for skaters and their parents

August & September Programs Schedule Summary Sheet

Jr = Junior STARskate, Sr = Senior STARskate

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	August 24 Jr/Sr 5:00-6:20 pm		August 26 Jr/Sr 5:00-6:20 pm	August 27 Jr/Sr 5:00-6:20 pm		
	August 31 No Skating		Sept. 2 Jr/Sr 5:00-6:20 pm		Sept. 4 Jr/Sr 5:00-6:20 pm	
	Sept. 7 No Skating		Sept. 9 Jr/Sr 5:00-6:20 pm		Sept. 11 Jr/Sr 5:00-6:20 pm	Sept 12 PA Training 10:00 - 11:00 (on Ice) 11:00 - 12:00 (Off Ice)

*All STARskate programs are on Pad B (New Rink).

PA Training Session MANDATORY FOR ALL PROGRAM ASSISTANTS Sept. 12th

Fergus Skating Club Executive 2009 - 2010		
President	Sherri Vincent	519-787-2992
Vice President	Lynne Gush	519-787-9920
Past President	Monique ten Kortenaar	519-823-7785
Treasurer	Rose Buchanan	519-787-1202
Secretary	Pam Starratt	519-843-5895
Test Chair	Karen McKenzie	519-843-2738
Registrar	Annette Duncan	519-821-5562
Competition Chair	Vacant	
Volunteer Co-Ordinator	Vacant	
Showtime Chair	Kevin Croughan	519 -787-1366
Newsletter	Cathy Rooyakkers	519-928-9603
Publicity	Sherri Vincent	519-787-2992
Jr STAR Liason	Vacant	
PA Co-ordinator	Vacant	
Canskate Coordinator	Vacant	
Hospitality	Joyce Roth	519-846-8215
Webmaster	Steve Crawford	519-787-0483

Freelance Coaches

Paul Adam	887-8542	Karissa Featherston	846-6647	Sue Hosking
	787-2005			
Patty Lambertus	941-8632	Josh Belletti	843-2851	Bronte Vincent 787-2992

AUGUST & SEPTEMBER 2009

STARSKATE PROGRAMS REGISTRATION FORM

1 skater per form – please complete both sides

Complete carefully to ensure all information is legible and accurate and mail to FSC.

Last Name:		First Name (skater)		Sex: M F
Address:				
City:		Postal Code:	Birth Date (mm/dd/yyyy):	
Telephone #:		Email Address:		
Cellphone #:		Parents'/Guardians' Name (include both parents):		
Skate Canada #:		Club #:	Home Club: <small>Where 2009-2010 Skate Canada fee will be paid</small>	
Medical concerns & specialized treatment (if any):				
Medications:			Private lesson Pro-Coach:	
Food Allergies:				

Please keep Skating Programs Brochure as a reference.

RELEASE FORM – MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF UNDER 18

Members and parent or legal guardian of members hereby agree to indemnify and hold harmless the Fergus Skating Club (FSC), its directors, officers and their heirs, professional coaches and instructor members from any and all claims for damages, for injuries costs, suits or proceedings, loss of property or otherwise sustained sanctioned or provided by the Fergus Skating Club.

The skater understands that he/she is responsible for ensuring his/her personal safety on the skating sessions. The skater will not enter onto the ice surface without first identifying a Club professional Coach or Board Member is in attendance at the ice area.

The undersigned is assured under the Personal Information Protection and Electronic Documents Act (PIPEDA) that the FSC will keep information collected regarding the enrolment and payment for you or your family members private and confidential, and uses information only for its intended purposes of program lists distributed amongst the executive and coaches, pictures of skaters posted on the FSC webpage, bulletin boards, display cases and accomplishments published in the newsletter and local newspaper. All information will be stored in a secure manner in accordance with PIPEDA.

Signature of Parent/Guardian _____ **Date** _____

EMERGENCY MEDICAL ATTENTION CONSENT

As a parent and/or legal guardian I do herewith authorize the treatment, by a qualified and licensed health practitioner, of any child named in registration form in the event of a medical emergency, which includes leaving the arena premises for treatment if needed. This authority is granted only after a reasonable effort has been made to reach a parent and/or legal guardian. My signature also indicates my willingness to take full medical insurance responsibilities for the child and release Fergus Skating Club from any liability due to any injury sustained while involved in club activities.

Signature of Parent/Guardian _____ **Date** _____

SKATE CANADA MEMBERSHIP FEE

Skate Canada Membership Fees are paid annually and are due on Sept 1st. For insurance, liability, and program development reasons all skaters participating in any Skate Canada program MUST be a current Skate Canada member before participating in any Fergus SC skating program.

PICK YOUR PROGRAM !

Please circle program (s) you are registering for.

Total the fees due, making sure to include the Skate Canada fee if applicable.

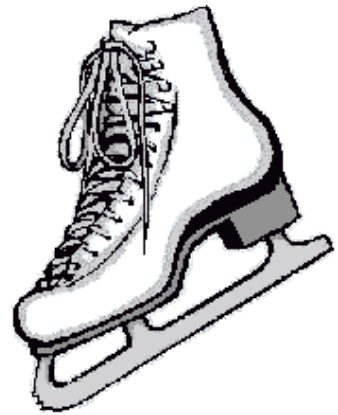
Registration Deadline Monday, August 17th, 2009. (Call for space availability after this date)

Skaters will not be allowed on the ice until registration and fees are received.

Cheques payable to: **Fergus Skating Club**
P.O. Box 305
Fergus, ON N1M 3E2

FULL PAYMENT MUST ACCOMPANY REGISTRATION NSF Cheques will be subject to a \$20.00 administrative charge

PROGRAM	JR	SR	TOTAL
AUGUST/SEPTEMBER STARskate	Circle Applicable sessions		
Monday, August 24 th	\$17.00	\$17.00	
Wednesday, August 26 th	\$17.00	\$17.00	
Thursday, August 27 th	\$17.00	\$17.00	
Wed. September 2 nd	\$17.00	\$17.00	
Friday, September 4 th	\$17.00	\$17.00	
Wednesday, September 9 th	\$17.00	\$17.00	
Friday, September 11 th	\$17.00	\$17.00	
SUBTOTAL			
SKATE CANADA fees – if not paying fees at Fergus SC, please bring proof of payment of 2009 – 2010 fees from your home club			\$31.00
TOTAL FEES DUE			



If you are not sure which program to sign up for please speak with your private coach.

For office use only

Date Received: _____

Name of Bank: _____

Amount Received: _____

Cheque: # _____ Dated: _____ Amount _____