

Metro Toronto Skating Academy Registration Form

www.metrotorontoskatingacademy.com, mtsa@rogers.com, 416-792-1652

Skater Information

Skater's Name _____ Birthday (m/d/y) _____
Skate Canada # _____ OHIP# _____
Parent or Guardian _____ Tel # _____
Address _____ City _____
Province & Postal Code _____ Email _____
In case of Emergency _____ Tel # _____
Skating badge/level _____

Learn to Skate Programs

Ted Reeve Arena (Main & Gerrard)

Tuesday Mornings

October 14 – December 16, 2008 – 10 weeks

January 6 – March 10, 2009 – 10 weeks

Adult Glider Tuesday at 10:15 am \$200 Fall____ \$200 Winter____ _____
Pre-School Glider Tuesday at 10:15 am \$200 Fall____ \$200 Winter____ _____
Pre-Power Skating Glider Tuesday at 10:15 am \$200 Fall____ \$200 Winter____ _____

Wednesday Afternoons

October 15 – December 17, 2008 – 10 weeks

January 7 – March 11, 2009 - 10 weeks

Adult Glider Wednesday @ 1:15 pm \$200 Fall____ \$200 Winter____ _____
Pre-School Glider Wednesday @ 1:15 pm \$200 Fall____ \$200 Winter____ _____
Pre-Power Skating Glider Wednesday @ 1:15 pm \$200 Fall____ \$200 Winter____ _____

Forest Hill Memorial Arena (Chaplain & Eglinton)

Friday Mornings

October 17 – December 19, 2008 – 10 weeks

January 9 – March 13, 2009 – 10 weeks

Adult Glider Friday at 9:15 am \$200 Fall____ \$200 Winter____ _____
Pre-School Glider Friday at 9:15 am \$200 Fall____ \$200 Winter____ _____
Pre-Power Skating Glider Friday at 9:15 am \$200 Fall____ \$200 Winter____ _____

North Toronto Arena (Yonge & Eglinton)

Adult Glider

Times and Dates to be announced (day time)

Admin Fee _____ 25.00
Total _____
GST (5%) _____
Grand Total _____

Form of Payment: Cash or Cheque only please, payable to Metro Toronto Skating Academy

Skater's Release

I/We the undersigned, hereby acknowledge that certain risks of injury are inherent to participation in figure skating, power skating and/or recreational activities. These types of injuries may be minor or serious, and may result from one's own action or actions or inactions of others, or a combination of the foregoing. I/We hereby warrant being physically fit to participate in the above activity or activities, and understand that the choice to participate brings with it the assumption of those risks and results which are part of the activity or activities. I/We hereby release, hold harmless and forever discharge Metro Toronto Skating Academy and Skate Canada and any of their respective staff, coaches and assistants, from any and all actions, causes of action, claims and demand for damages, indemnity, costs, interest, loss or injury of every nature and kind whatsoever and howsoever which I/we have had, may now have or may hereafter have, in any way arising from my/our child in connection with any such activity or activities. I/We declare, having read and understood the above informed consent agreement in its entirety, and hereby consent to participate, acknowledging and agreeing to all the foregoing. Further, so long as my/our child is under 8 years of age, I/we or a designated adult, will be present in the Forest Hill Arena during all programs.

Date _____

Signature of Skater _____

Printed name of skater _____

Please mail registrations to: MTSA, c/o 32 Cleta Drive, Toronto, ON, M1K 3G6, (confirmations will be sent out via email)
Applications will not be accepted until full application is complete. We look forward to skating with you this season!