



Skate with Cass
Registration Form + Contract

MUST BE SUBMITTED BEFORE CLASS

Email:	
Address:	
Main Phone #:	
Legal Guardian 1: (FULL NAME)	
Legal Guardian 2: (FULL NAME)	
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT NUMBER	

SKATER INFORMATION 1: (up to two children a form)

Skater Full Name:

Gender: M , F

Age:

Birthdate (dd/mm/yyyy): / /

Medical Conditions:

SKATER INFORMATION 2: (up to two children a form)

Skater Full Name:

Gender: M , F

Age:

Birthdate (dd/mm/yyyy): / /

Medical Conditions:

PRIVATE ICE-SKATING LESSONS CONTRACT + REGISTRATION FORM

If you wish to participate, please read the terms and conditions below:

SkateWithCass's private lessons are not run through the city and are done during fun skate times at public arenas. There are no skate rentals and all equipment are provided by the parent or legal guardian. Please review your registered programs policy at www.skatewithcass.com/our-policy. She, the arena or the city will not be held responsible in any way for any possible injuries that could occur during the activity.

By signing below, you agree to the terms and conditions above:

PRINT FULL NAME

SIGNATURE

DATE

Questionnaire: (* =Required)

*Is this yours or your child's first time skating?

- Yes
- No

*Have you skated anywhere in the past? If so, list below.

*Is/were you or your child in Hockey or Figure skating?

- Yes - Hockey (Level ____)
- Yes - Figure Skating (Level ____)
- No - Neither

*How/where did you hear about SWC?

*Please select any of the following skills that your child or yourself has worked on:

- Standing Up
- Forwards Skating
- Backwards Skating
- Sculling
- Crossovers
- 2 foot glide
- 1 foot glide
- NONE (Beginner)



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*Which program have you booked with?

- Weekly Program
- Stamp Card Program
- Mommy + Me
- BYOF
- Other: _____ -



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PROGRAM POLICY:

Please review your programs cancellation/program policy online at www.skatewithcass.com/our-policy

