

Learn to Skate Registration Form

First Name

Last name

Child's Name (if app)

Address

City

Postal Code

Phone (home, work or cell)

Email

Emergency Contact and phone number

Health Card No.

Child D.O.B.

Sex:

Health Concerns/Allergies

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Course (choose either Session 1 or 2)

Session	Course Name	Course Code	Fee

Payment (circle one) MC Visa AMEX Cheque

Card #

Exp. Date

Signature

I/We agree that Harbourfront Centre, its directors, employees, agents and independent contracts shall not be liable for any injury to the registrant or damage to his/her personal property arising from or in any way resulting from the registrants participation in Harbourfront Centre's Learn to Skate program UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE OF Harbourfront Centre or its employees or agents while acting within the scope of their duties. I further certify that the registrant is covered by OHIP and/or private health insurance. Please be advised that you or your child may be photographed at any time during Learn to Skate for the purpose of Harbourfront Centre publicity/advertising.

If you have any concerns please notify us at 416.973.4093

Signature of Registrant/Parent/Guardian:

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