

FALL 2018 PROGRAM SCHEDULE



SESSION INFO:

CLASSES OFFERED:	MONDAY	SATURDAY	FEES
LEARN TO PLAY – KIDS (AGES 5 & UP) MON (SEPT 24 – DEC 17)	6:30PM – 7:30PM		\$396 (12 weeks)
LEARN TO SKATE – ADULTS MON (SEPT 24 – DEC 17)	6:30PM – 7:30PM		\$360 (12 weeks)
PRE SKATE (AGES 2 – 4) MON (SEPT 24 – DEC 17) SAT (SEPT 29 – DEC 15) RATIO = 1 to 5	5:30PM – 6PM 6PM – 6:30PM	11AM – 11:30AM 11:30AM – 12PM 12PM – 12:30PM 12:30PM – 1PM	MON \$192 (12 weeks) SAT \$128 (8 weeks)
LEARN TO SKATE – KIDS (AGES 5 & UP) MON (SEPT 24 – DEC 17) SAT (SEPT 29 – DEC 15) RATIO = 1 to 9	5:30PM – 6:30PM	11AM – 12PM 12PM – 1PM	MON \$321 (12 weeks) SAT \$214 (8 weeks)
PRE FIGURE SAT (SEPT 29 – DEC 15)		11AM – 12PM	SAT \$240 (8 weeks)

FEE BREAKDOWN:

***10% discount for 2 or more family members in the same household**
All fees are subject to HST
To accommodate for flood times (a flood is 10 minutes), an hour class is 50 minutes and a half hour class is 20 minutes

**NO ICE: MON OCT 8/18, SAT OCT 13/18,
SAT OCT 20/18, SAT NOV 10/18, & SAT DEC 8/18**

Fee Total	\$
Family Discount (10%) *if applicable	\$
HST (13%)	\$
Total Fees Due:	\$

WHAT TO WEAR:

PRESKATE & LEARN TO SKATE - SNOW OR SLUSH PANTS, WARM GLOVES, WARM COAT, SUPPORTIVE SKATES.

PRESKATE: CSA APPROVED HOCKEY HELMET WITH A CAGE IS MANDATORY.

LEARN TO SKATE/PRE FIGURE/ADULTS: CSA APPROVED HOCKEY HELMET IS MANDATORY, A CAGE IS RECOMMENDED.

LEARN TO PLAY - FULL HOCKEY EQUIPMENT, SUPPORTIVE SKATES, CSA APPROVED HOCKEY HELMET WITH A CAGE IS MANDATORY.

Parents do not go on the ice with their child/children.

Please visit our website for our Frequently Asked Questions, Program Updates & How to Prepare for your 1st Class.

Contact Us:

610 SOUTH SERVICE RD (CORNER OF FRUITLAND RD)
 STONEY CREEK ON. L8E 2W1

WWW.GATEWAYICE.CA

PRICES SUBJECT TO CHANGE WITHOUT NOTICE. GATEWAY IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.
 REV. AUG 30-18

OFF. 905 643 8668

FAX. 905 643 8008

INFO@GATEWAYICE.CA



FALL 2018 REGISTRATION FORM



PLEASE PRINT CLEARLY

PARTICIPANT INFORMATION:

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

DATE OF BIRTH:

MO: _____ DA: _____ YR: _____

GENDER:

MALE FEMALE

PREVIOUS EXPERIENCE:

GATEWAY SKATING SCHOOL: PRESKATE LEARN TO SKATE LEARN TO PLAY PREFIGURE

OTHER: _____

MEDICAL CONDITIONS AND/OR ALLERGIES: _____

PARENT INFORMATION:

NAME OF PARENTS/GUARDIANS: _____

HOME PHONE #: _____

CELL PHONE #: _____

EMAIL ADDRESS: _____

ALTERNATE EMERGENCY CONTACT INFORMATION:

NAME: _____

CONTACT NUMBERS: HOME: _____ CELL: _____

RELATION TO SKATER: _____

SESSION REGISTERING FOR: PRESKATE (AGES 2 – 4 YEARS) LEARN TO SKATE (AGES 5 & UP)
 PREFIGURE SKATE LEARN TO PLAY – KIDS LEARN TO SKATE – ADULTS

START DATE: _____ CLASS TIME: _____

Payment Terms

1. Cash, Cheque, Debit, Visa, MasterCard
2. NSF cheques are subject to a \$50.00 administration fee

Refunds may be offered before the start date of the session and will be subject to a \$50.00 administration fee per child unless a medical certificate is provided then a reduced administration fee of \$25.00 per child will apply. Once the session has begun no refunds or credits will be given unless participants provide a medical certificate and will be subject to the \$25.00 administration fee per child. Refunds or credits will not be given for missed classes and make up classes are not available.

Switching class days or times may be available but are not at any time a guarantee, please choose the days and times of classes carefully.

I absolve, release and waive the Gateway Ice Centre Inc. from any injury that may occur as a participant in their program and certify that the applicant is in good physical health.

I hereby give permission for my image or the image of a minor under my guardianship to be taken at Gateway Ice Centre. I also give permission for these images to be published on our website, www.gatewayice.ca, and our social media accounts,

(www.facebook.com/gatewayice or www.twitter.com/gatewayice), unless otherwise noted. YES NO

Applicant/Parent or Guardian Signature: _____ Date: _____

Payment Details: (Office Use Only)

Payment Date:	Amount:	Payment Type:	Registered with Sibling	Registered By:

Contact Us:

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