

WINTER 2017 PROGRAM SCHEDULE



SESSION INFO:

CLASSES OFFERED:	TUESDAY	WEDNESDAY	SATURDAY	FEES
LEARN TO PLAY - KIDS (JAN 11 – APR 5)		5:15PM – 6:15PM		\$348 (12 weeks)
LEARN TO SKATE – ADULTS (JAN 11 – APR 5)		5:15PM – 6:15PM		\$312 (12 weeks)
PRE SKATE (AGES 2 – 4) TUE (JAN 10 – APR 4) SAT (JAN 7 – APR 8) RATIO = 1 to 5	5:30PM – 6PM OR 6PM – 6:30PM		11AM – 11:30AM 11:30AM – 12PM 12PM – 12:30PM 12:30PM – 1PM	\$168 (TUE 12 weeks) \$140 (SAT 10 weeks)
LEARN TO SKATE – KIDS TUE (JAN 10 – APR 4) SAT (JAN 7 – APR 8) RATIO = 1 to 9	5:30PM – 6:30PM		11AM – 12PM OR 12PM – 1PM OR 1PM – 2PM	\$276 (TUE 12 weeks) \$230 (SAT 10 weeks)
PRE FIGURE SAT (JAN 7 – APR 8)			11AM – 12PM	\$260 (10 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: SAT FEB 18/17, SAT FEB 25/17

OR MARCH BREAK:

SAT MAR 11/17, TUE MAR 14/17, WED MAR 15/17,

SAT MAR 18/17

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

CSA APPROVED HOCKEY HELMETS ARE MANDATORY ON EVERY SESSION. SEE BELOW FOR WHAT TO WEAR.

WHAT TO WEAR:

PRESKATE & LEARN TO SKATE

SNOW OR SLUSH PANTS, WARM GLOVES, WARM COAT, SUPPORTIVE SKATES, CSA APPROVED HOCKEY HELMET (PRESKATE MUST HAVE CSA APPROVED HOCKEY HELMET WITH CAGE TO BE ALLOWED ON THE ICE)

LEARN TO PLAY

FULL HOCKEY EQUIPMENT, SUPPORTIVE SKATES, CSA APPROVED HOCKEY HELMET

Contact Us:

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

WWW.GATEWAYICE.CA

PRICES SUBJECT TO CHANGE WITHOUT NOTICE. GATEWAY IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.

OFF. 905 643 8668

FAX. 905 643 8008

INFO@GATEWAYICE.CA

WINTER 2017 REGISTRATION FORM



PLEASE PRINT

PARTICIPANT INFORMATION:

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

DATE OF BIRTH:

MO: _____ DA: _____ YR: _____ AGE: _____

GENDER:

MALE FEMALE

PARENT INFORMATION:

NAME OF PARENTS/GUARDIANS: _____

HOME PHONE #: _____

CELL PHONE #: _____

EMAIL ADDRESS: _____

MEDICAL CONDITIONS AND/OR ALLERGIES: _____

PREVIOUS EXPERIENCE:

GATEWAY SKATING SCHOOL: PRESKATE LEVEL 1 PRESKATE LEVEL 2 PRESKATE LEVEL 3

LTS LEVEL 1 LTS LEVEL 2 LTS LEVEL 3 PREFIGURE LEARN TO PLAY HOCKEY

OTHER: _____

ALTERNATE EMERGENCY CONTACT INFORMATION:

NAME: _____

CONTACT NUMBERS: HOME: _____ CELL: _____

RELATION TO SKATER: _____

SESSION REGISTERING FOR: START DATE: _____ CLASS TIME: _____

PRESKATE (AGES 2 – 4 YEARS)

LEARN TO SKATE (AGES 5 & UP)

PREFIGURE SKATE

LEARN TO PLAY - KIDS

LEARN TO SKATE - ADULTS

Payment Terms

- Cash, Cheque, Debit, Visa, MasterCard
- NSF cheques are subject to a \$40.00 administration fee

Refunds may be offered before the start date of the session and will be subject to a \$50.00 administration fee unless a medical certificate is provided then a reduced administration fee of \$25.00 will apply. Once the session has begun refunds will only be granted to participants who have provided a medical certificate and will be subject to the \$25.00 administration fee.

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 agree for myself or my child to take part in the program(s) applied for with Gateway Ice Centre Inc. and assume all risks and accidents in doing so.

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:
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

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