

WINTER 2018 PROGRAM SCHEDULE



SESSION INFO:

CLASSES OFFERED:	TUESDAY	WEDNESDAY	SATURDAY	FEES
LEARN TO PLAY – KIDS (AGES 5 & UP) (JAN 10 – APR 4)		5:15PM – 6:15PM		\$378 (12 weeks)
LEARN TO SKATE – ADULTS (JAN 10 – APR 4)		5:15PM – 6:15PM		\$342 (12 weeks)
PRE SKATE (AGES 2 – 4) TUE (JAN 9 – APR 3) SAT (JAN 6 – APR 7) RATIO = 1 to 5	5:30PM – 6PM 6PM – 6:30PM		11AM – 11:30AM 11:30AM – 12PM 12PM – 12:30PM 12:30PM – 1PM 1PM – 1:30PM 1:30PM – 2PM	TUE \$183 (12 weeks) SAT \$152.50 (10 weeks)
LEARN TO SKATE – KIDS (AGES 5 & UP) TUE (JAN 9 – APR 3) SAT (JAN 6 – APR 7) RATIO = 1 to 9	5:30PM – 6:30PM		11AM – 12PM 12PM – 1PM 1PM – 2PM	TUE \$306 (12 weeks) SAT \$255 (10 weeks)
PRE FIGURE SAT (JAN 6 – APR 7)			11AM – 12PM	SAT \$285 (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 <u>NO ICE: SAT FEB 3, 2018, SAT FEB 17, 2018, SAT FEB 24, 2018,</u> <u>TUE MAR 13, 2018, WED MAR 14, 2018 & SAT MAR 17 2018</u>	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.

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.

OFF. 905 643 8668

FAX. 905 643 8008

INFO@GATEWAYICE.CA



REV. JAN 6 2018

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

WINTER 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

Contact Us:

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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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