

Kathi Plug Power Skate

St. Catharines Recreational Skate/KPPS

Seymour - Hannah Sports and Entertainment Centre, St. Catharines.

Program Director Kathi Plug

Manager AnneMarie Lafleche 905-941-4936

Contact Us: kamLskate1@gmail.com OR www.kppskate.ca



KPPS SEPTEMBER POWERSKATE (SEPTEMBER 03 2024 – SEPTEMBER 26 2024)

NO SKATING MONDAY SEPTEMBER 02, LABOUR DAY

MAKE UP CLASS FOR LABOR DAY MONDAY is FRIDAY SEPTEMBER 6th

Online registration and e-transfer: All e-transfers must be emailed to kppspayment@gmail.com. Please include your skater's name and class day and time in the memo of the transfer.

Mail in registration and payment: PLEASE NOTE that in order to complete your mail in registration, the registration form MUST BE MAILED IN WITH YOUR PAYMENT. Completed registration forms and payment can be mailed to:

St. Catharines Recreational Skate
P.O. Box 25013 SDM-RPO, Pen Centre - Glendale Ave.
St. Catharines, Ont.
L2T 4C4

All cheques to be made payable to: St. Catharines Recreational Skate

1. Registrations will be processed on a first come first served basis. Email KamLskate1@gmail.com to reserve a spot

2. For class availability please visit our website: www.kppskate.ca

3. If you are registering multiple skaters, please complete one registration form for each skater. Do not include multiple skaters on one form

4. If the class you are registering for is full upon receipt of registration, AnneMarie will contact you. If an appropriate class cannot be found, you will receive a full refund.

5. Your registration is confirmed by email approximately 2 weeks after receipt of payment.

6. FULL payment for September Session MUST accompany registrations. There is a \$20.00 NSF fee for cheques.

Cancellation and Refund Policy:

Once a program has started, registration fees will be refunded on a pro-rated basis up to the 2nd week. All cancellations are subject to a \$10.00 cancellation fee.

All fees listed below include HST.

Registration Form is continued on Page 2....

KPPS SEPTEMBER POWER SKATE REGISTRATION

Skater's First Name: _____ Last Name: _____ Last Level Passed: _____

If your skater's name differs from your name, please include both names in your email and on this form.

Email Address: _____ Phone Number: _____

Birthdate: ____/____/____ Age: ____ Gender: Male Female Special Needs: Yes No

DD MM YY

Please Note: If you are registering multiple skaters you must complete a registration form for each skater.

POWERskate Programs Monday/Wednesday						
POWERskate Levels 1-4 Session M	Ages 4-6	Mon/Wed	510pm-600pm	\$245		
POWERskate Levels 1-6 Session N	Ages 5-7	Mon/Wed	610pm-700pm	\$245		
POWERskate Levels 1-8 Session O	Ages 8-12	Mon/Wed	710pm-800pm	\$245		
POWERskate Levels 1-8 Session P	Ages 9-13 +	Mon/Wed	810pm-900pm	\$245		
POWERskate Programs Tuesday/Thursday						
POWERskate Levels 1-4 Session S	Ages 4-6	Tues/Thur	510pm-600pm	\$245		
POWERskate Levels 1-6 Session T	Ages 5-8	Tues/Thur	610pm-700pm	\$245		
POWERskate Levels 1-6 Session U	Ages 8-12	Tues/Thur	710pm-800pm	\$245		
POWERskate Pre-Elite / Elite(passed level 4) Session V	Ages 10-15	Tues/Thur	810pm-900pm	\$245		

Adult POWERskate Programs						
Adult POWERskate Session W	16+	Tues/Thur	9:10pm-10:00pm	\$260		

All E-transfers to be sent to kppspayment@gmail.com PLEASE INCLUDE SKATER'S NAME AND CLASS DAY AND TIME IN THE MEMO OF THE TRANSFER

Release of Liability and Photography Release

I understand that all e-transfer must be sent within 24 hours of completing this form.

By checking this box you are giving St. Catharines Recreational Skate permission to use images of your skater for promotional purposes, website, etc... Please

check the box if you DO NOT consent to have your child's name posted for the colour groups on the display board at rinkside

I certify that the applicant is in good physical and mental health. I will assume all risks and hazards incidental to such participation including medical and dental expenses and do waive, release, absolve, indemnify and agree to hold harmless St. Catharines Recreational Skate and staff. I have read and accepted the refund and cancellation policy.

Signature of Parent/Guardian/Adult Skater

Date