# **123STEPHEN OUGH’S POWER SKATING CLINICS**

## NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

month day year

MOTHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FATHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICARE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONS to be contacted in the case of EMERGENCY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRENT MEDICAL CONDITIONS INSTRUCTORS SHOULD BE AWARE OF (including allergies):**

**WHERE and AT WHAT LEVEL DID YOUR CHILD PLAY LAST YEAR?**

***Be it understood that with payment of fees you agree with the principle that any behavior that interferes with another participant’s ability to learn will not be tolerated. You also agree that any such behavior will be dealt with in a progressive disciplinary fashion up to and including dismissal from the clinic without refund.***

**CLINIC FEES: Full payment by cheque must accompany registration form. Registration is limited and applications will be accepted on a “first come first serve” basis with full payment. Make cheque payable to “Stephen Ough”.**

I wish to register for the following instructional clinic(s)

**\_\_\_\_\_\_\_\_\_ Power Skating & Puck handling (8 hrs) T D Station, Sept 2024**

**$272.00 + $10.00 insurance + $42.30 (HST) = $324.30**

**All participants must wear full hockey gear (C.S. A. approved.)**

**A hockey stick is also needed.**

(Clinics may be changed with the discretion of the power skating school.)

**STEPHEN OUGH’S POWER SKATING**

PARENTAL CONSENT AND WAIVER OF LIABILITY FORM

Since there are inherent risks associated with on ice activities, I the undersigned Parent/Guardian, of the registered child, hereby state that I have considered the risks and hereby give permission for my child to attend and participate in programs as organized by Stephen Ough’s Power Skating School and all its associated activities.

I further hereby undertake to indemnify and hold harmless Stephen Ough’s Power Skating School, its employees and volunteers from all claims for accidents, damage, injury or loss of property, however caused, suffered by my child or myself, directly or indirectly, related to my child’s participation in the mentioned or associated activities; unless Stephen Ough’s Power Skating School, its employees or its volunteers can be shown to have been negligent, with the negligence being the proximate cause of the damage or injury.

I further agree that all risks attendant to watching and/or participating in Stephen Ough’s Power Skating School programs are assumed by the participant and his/her parent or legal guardian.

I further authorize Stephen Ough’s Power Skating School instructors, employees, and volunteers to act on my behalf in accordance with their best judgment in the case of emergency involving my child.

For cancellations for any reason **60 days prior to the start date of a program,** there is a non-refundable fee of $30.00.  For cancellations for any reason **less than 30 days prior to the start date of a program,** there is a non-refundable fee of $70.00.  **Twenty days** prior to the clinic, if you decide to withdraw yourself, it is **YOUR RESPONSIBILITY** to find someone to take your spot, unless it can be filled from a waiting list **if we have one**. No shows, players who leave a session on their own or players who are expelled by management do not receive credits or refunds.  **Note:** We reserve the right to cancel or change programs if necessary.

**Group Placement:**

We reserve the right to re-assign students into different groups, or adjust or combine groups as necessary.

Stephen Ough may use, without compensation to the undersigned or participant, any photo, audio and/or video recording of any Stephen Ough’s Power Skating activity in which the participant appears, for promotional, advertising or educational purposes. There is to be no videos or photography taken by anyone not authorized by Stephen Ough. This waiver form cannot be altered except by Stephen Ough.

With my signature below it is understood that I have read, understand, and agree with the aforementioned releases and authorization given to Stephen Ough’s Power Skating School, its instructors and volunteers.

Signature of Parent/ Guardian Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**STEPHEN OUGH’S POWER SKATING SCHOOL**

**c/o STEPHEN OUGH**

**1970 SANDY POINT ROAD**

**SAINT JOHN, NEW BRUNSWICK**

**E2K 5E9**

**TELEPHONE: 506-658-0121 E-MAIL: sough@rogers.com**