



HOW TO REGISTER:

- Register ONLINE (by Credit Card) www.icedreams.ca
- Forms & Payment may be dropped off at the Ice Dreams Office at The Pavilion (ice rink entrance).
- By Phone or In Person (by appointment only).
- Credit Cards are only accepted online. Cheque or cash is accepted otherwise.
- Mail completed registration form along with payment to the Head Office:

Ice Dreams Skating Academy • 130 RACCO PARKWAY • THORNHILL, ON L4J 8X9

All receipts and confirmation will be emailed.

Telephone: (905) 709-3511 Toll Free: 1-(877)-709-3511 E-mail: info@icedreams.ca

STUDENT INFORMATION

First Name: _____		Last Name: _____	
Date of Birth: _____ (mm/dd/yyyy)	Age: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Level/Ability:	<input type="checkbox"/> Returning Ice Dreams Skater	<input type="checkbox"/> New to Hockey	<input type="checkbox"/> "A"
	<input type="checkbox"/> No Skating Experience	<input type="checkbox"/> House League	<input type="checkbox"/> "AA"
	<input type="checkbox"/> Some Leisure Skating Experience	<input type="checkbox"/> Select	<input type="checkbox"/> "AAA"
<input type="checkbox"/> Previous Lessons at Another Skating Program Level Passed at Previous School: _____			

PARENT INFORMATION

First Name: _____		Last Name: _____	
Address: _____		City: _____	Postal Code: _____
Home Phone: _____	Work Phone: _____	Cell Phone: _____	Email: _____

PROGRAM INFORMATION

Specify Session: FALL WINTER SPRING SUMMER

Please select the Program you are enrolling for:

<input type="checkbox"/> Parent & Tot Learn To Skate (Ages: 2 - 5)	<input type="checkbox"/> Hockey Skills & Drills	<input type="checkbox"/> Introduction to FLOW Figure Skating
<input type="checkbox"/> Pre-School Learn to Skate (Ages: 2.5 - 6)	<input type="checkbox"/> Hockey Development	<input type="checkbox"/> Pre-Competitive FLOW Figure Skating
<input type="checkbox"/> Child Learn to Skate (Ages: 4 - 9)	<input type="checkbox"/> High Performance Hockey Academy	<input type="checkbox"/> Competitive FLOW Figure Skating
<input type="checkbox"/> Youth Learn to Skate (Ages: 10 - 18)	<input type="checkbox"/> Elite Hockey Academy	<input type="checkbox"/> Adult Learn to Skate
<input type="checkbox"/> Parent & Tot Hockey Lessons (Ages: 3 - 5)	<input type="checkbox"/> Introduction to Power Skating	<input type="checkbox"/> Adult Hockey Skills
<input type="checkbox"/> Beginner Hockey Fundamentals	<input type="checkbox"/> Peak Performance Power Skating	<input type="checkbox"/> Adult Power Skating
<input type="checkbox"/> Hockey Foundations	<input type="checkbox"/> High Intensity Power Skating & Agility	

Program Day(s): _____ Program Time(s): _____

Number of days/week: _____ How did you hear about us? _____

MEDAL CEREMONY

Your Skater deserves to be recognized. On the last day of your child's lesson, there will be a **MEDAL CEREMONY** held for all skater's interested in participating. Cost for Medal Awards Ceremony is \$20.00

YES he/she will participate NO he/she will not participate

SKATES AND HELMET RENTAL

Skates and Helmet Rental are available upon request. \$10.00 / Class

SKATE RENTAL	HELMET RENTAL
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
# of Classes Equipment Needed: _____	# of Classes Equipment Needed: _____

PRIVATE & SEMI-PRIVATE LESSON TICKET OPTION

Available from Ice Dreams Coaching Staff during your ice time, in addition to your group lessons. Each ticket purchased amounts to 15 minutes of lesson time and can be used throughout the season. YES NO

Private Lesson Fee: \$21 / 15 minutes Semi-Private Lesson Fee: \$15.50 / child / 15 minutes Number of Tickets: _____

TUITION REFUND OPTION \$25.00 This option allows for proportional refund of program fee within the first 21 DAYS of the start of the season. This option is not a substitute for a make-up class.

Program Fee: \$ _____	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Interac
Discount Entitlement: -\$ _____	Credit Card Number: _____ Expiry Date: _____ (mm/yyyy)
Medal Ceremony Option: \$ _____	Name on Card: _____ Security Code: _____
Private Lesson Ticket Total: \$ _____	<small>WAIVER: By signing below, the applicant has read and understands Ice Dreams skating Academy's Policies. The applicant agrees that Ice Dreams Skating Academy, Ice Dreams Skating Academy Inc., 1856380 Ontario Inc., or its proprietors will not be held responsible for any accidents or loss however caused and agree to release Ice Dreams Skating Academy, Ice Dreams Skating Academy Inc., 1856380 Ontario Inc., and its proprietors from all claims and damages which may arise as a result of or by reasons of such accidents or loss. Ice Dreams Skating Academy, Ice Dreams Skating Academy Inc., & 1856380 Ontario Inc., may publish photos/videos of skaters for promotional and/or internet purposes. NO REFUNDS ONCE SESSIONS HAVE STARTED WITHOUT THE TUITION REFUND OPTION. In order to ensure and to maintain our quality of instruction, we cannot schedule make-ups during other classes.</small>
Tuition Refund Option: \$ _____	Parent or Guardian Signature _____
Skate & Helmet Rental Option: \$ _____	Date _____
HST: \$ _____	
Total: \$ _____	

Please make cheques payable to: Ice Dreams Skating Academy (post-dated cheques not accepted)