



ICE DREAMS
SKATING ACADEMY
CAMP REGISTRATION

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).
- 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

CAMPER INFORMATION

First Name: _____		Last Name: _____	
Date of Birth: <small>(mm/dd/yyyy)</small> _____	Age: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Level/Ability:		Previous Lessons at Another Skating Program Level Passed at Previous School:	
<input type="checkbox"/> Returning Ice Dreams Camper <input type="checkbox"/> No Skating Experience <input type="checkbox"/> Some Leisure Skating Experience		<input type="checkbox"/> New to Hockey <input type="checkbox"/> House League <input type="checkbox"/> Select	
<input type="checkbox"/> "A" <input type="checkbox"/> "AA" <input type="checkbox"/> "AAA"		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
Division: (Hockey Skills & Power Skaters only) <input type="checkbox"/> Mite <input type="checkbox"/> Tyke <input type="checkbox"/> Novice <input type="checkbox"/> Atom <input type="checkbox"/> Peewee <input type="checkbox"/> Bantam <input type="checkbox"/> Midget <input type="checkbox"/> Juvenile			
Medical Concerns: _____			

PARENT INFORMATION

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

CAMP INFORMATION

Specify Camp: Winter Break Camp March Break Camp Summer Camp Passover Camp PA Day Camp

Full Day Camp **Daily Full Day Camp** (Indicate Camp Day(s) you are enrolling for): Mon. Tues. Wed. Thurs. Fri.

Half Day Camp AM PM **Daily Half Day Camp** AM PM (Indicate Camp Day(s) you are enrolling for): Mon. Tues. Wed. Thurs. Fri.

On Ice Lesson Only Option (indicate On Ice lesson time): _____
This option is for those who would rather just take the On Ice lessons during the camp hours, but not participate in the entire camp day.
This option is available for all ages and levels.

Please indicate the CAMP WEEK(s) you are enrolling for: _____

Please select the On Ice Program you would like your child to participate in during the Camp:

<input type="checkbox"/> Pre-School Learn to Skate (Ages: 2.5 - 4)	<input type="checkbox"/> Hockey Development	<input type="checkbox"/> Pre-Competitive FLOW Figure Skating
<input type="checkbox"/> Parent & Tot Learn To Skate (Ages: 2 - 4)	<input type="checkbox"/> High Performance Hockey Academy	<input type="checkbox"/> Competitive FLOW Figure Skating
<input type="checkbox"/> Child & Youth Learn to Skate (Ages: 5 - 18)	<input type="checkbox"/> Elite Hockey Academy	<input type="checkbox"/> Adult Learn to Skate
<input type="checkbox"/> Parent & Tot Hockey Lessons (Ages: 3.5 - 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	
<input type="checkbox"/> Hockey Skills & Drills	<input type="checkbox"/> Introduction to FLOW Figure Skating	

Additional Information:

Before Camp Care (8:00am drop off) **\$10.00/day** Mon. Tues. Wed. Thurs. Fri.

After Camp Care (5:30pm pick up) **\$10.00/day** Mon. Tues. Wed. Thurs. Fri.

Before and After Camp Care (8:00am drop off & 5:30pm pick up) **\$15.00/day** Mon. Tues. Wed. Thurs. Fri.

TUITION REFUND OPTION \$20.00 This option allows for proportional refund of camp fee for days missed during camp, as a result of illness or injury.

PRICE PROTECTION FEE \$20.00 This option allows for proportional refund of camp fee if camp prices drop or a new promotion is offered after you registered. This time period is within 20 days from the day you registered.

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: \$18 / 15 minutes Semi-Private Lesson Fee: \$28 / 15 minutes **Number of Tickets:** _____

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: _____ <small>(mm/yyyy)</small>
Before/After Camp Care Total: \$ _____	Name on Card: _____ Security Code: _____
Tuition Refund & Price Protection Option Total: \$ _____	WAIVER: By signing below, the applicant has read and understands Ice Dreams Skating Academy's Policies. The applicant agrees that 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 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 Inc. & 1856380 Ontario Inc., may publish photos/videos of skaters for promotional and/or internet purposes. NO REFUNDS ONCE CAMPS HAVE STARTED.
Private Lesson Ticket Total: \$ _____	Parent or Guardian Signature _____ Date _____
HST: \$ _____	
Total: \$ _____	

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