



## HOW TO REGISTER:

- Register ONLINE (by Credit Card) [www.icedreams.ca](http://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 E-mail: [info@icedreams.ca](mailto:info@icedreams.ca)**

### STUDENT INFORMATION

<b>First Name:</b> _____		<b>Last Name:</b> _____	
<b>Date of Birth:</b> _____ <small>(mm/dd/yyyy)</small>	<b>Age:</b> _____	<input type="checkbox"/> <b>Male</b>	<input type="checkbox"/> <b>Female</b>
<b>Level/Ability:</b>	<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

<b>First Name:</b> _____		<b>Last Name:</b> _____	
<b>Address:</b> _____		<b>City:</b> _____	<b>Postal Code:</b> _____
<b>Home Phone:</b> _____	<b>Work Phone:</b> _____	<b>Cell Phone:</b> _____	<b>Email:</b> _____

### PROGRAM INFORMATION

<b>Specify Session:</b>	<input type="checkbox"/> FALL	<input type="checkbox"/> WINTER	<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER
<b>Specify Location:</b>	<input type="checkbox"/> THE PAVILION - Vaughan		<input type="checkbox"/> THE LEISURE CENTRE - Bradford	
<b>Please select the Program you are enrolling for:</b>				
<input type="checkbox"/> Pre-School Learn to Skate (Ages: 2.5 - 4)	<input type="checkbox"/> High Performance Hockey Academy	<input type="checkbox"/> High Intensity Power Skating & Agility		
<input type="checkbox"/> Child & Youth Learn to Skate (Ages: 5 - 18)	<input type="checkbox"/> Elite Hockey Academy	<input type="checkbox"/> Introduction to FLOW Figure Skating		
<input type="checkbox"/> Beginner Hockey Fundamentals	<input type="checkbox"/> Body Contact & Awareness	<input type="checkbox"/> Pre-Competitive FLOW Figure Skating		
<input type="checkbox"/> Hockey Foundations	<input type="checkbox"/> Defensemen Clinic	<input type="checkbox"/> Competitive FLOW Figure Skating		
<input type="checkbox"/> Hockey Skills & Drills	<input type="checkbox"/> Introduction to Power Skating	<input type="checkbox"/> Adult Learn to Skate		
<input type="checkbox"/> Hockey Development	<input type="checkbox"/> Peak Performance Power Skating	<input type="checkbox"/> Adult Hockey Skills	<input type="checkbox"/> Adult Power Skating	
<b>Program Day(s):</b> _____ <b>Program Time(s):</b> _____				
<b>Number of days/week:</b> _____ <b>How did you hear about us?</b> _____				

### 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 \$12.00

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

### 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:** \_\_\_\_\_

<b>Program Fee:</b> \$ _____	<b>Payment Method:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
<b>Discount Entitlement:</b> -\$ _____	<b>Credit Card Number:</b> _____ <b>Expiry Date:</b> _____ <small>(mm/yyyy)</small>
<b>Medal Ceremony Option:</b> \$ _____	<b>Name on Card:</b> _____ <b>Security Code:</b> _____
<b>Private Lesson Ticket Total:</b> \$ _____	<b>WAIVER:</b> By signing below, the applicant has read and understands Ice Dreams Skating Academy's Policies. The applicant agrees that Ice Dreams Skating Academy, 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, 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 & 1856380 Ontario Inc., may publish photos/videos of skaters for promotional and/or internet purposes. <b>NO REFUNDS ONCE SESSIONS HAVE STARTED.</b>
<b>HST:</b> \$ _____	<b>For quality instruction, one make-up lesson is allowed and is subject to availability.</b>
<b>Total:</b> \$ _____	_____

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

Parent or Guardian Signature

Date