

**TED REEVE ARENA SKATING-HOCKEY SCHOOL INCORPORATED
2026-2027 PRE-REGISTRATION FORM**

PROGRAM SELECTION

- SKATING 1 – Sundays 10:05am–10:50am (Ages 5+) – \$175/season
- SKATING 2 + HOCKEY SKILLS – Sundays 10:50am–12:00pm (Ages 8–14) – \$250/season

STUDENT INFORMATION

Student Name: _____ Gender: Male Female Prefer not to say

Date of Birth: _____ Age (as of Dec 31, 2026): _____

Address: _____ City: _____ Postal Code: _____

Parent/Guardian Name: _____ Primary Phone: _____

Alternate/Emergency Contact Name: _____ Phone: _____

Email(s): _____

Medical conditions, allergies, injuries, or learning considerations:

PROGRAM POLICIES

Registration is confirmed upon payment in full. Refunds of 50% may be issued up to October 31, 2026.

Full hockey equipment including helmet with valid CSA sticker, full-face cage/visor and BNQ-certified neck guard is required. Students must supply their own equipment. The School is not responsible for lost or stolen items.

Tentative season dates (25 instructional weeks): September 13, 2026 – March 28, 2027.

No classes: October 11, December 27, January 3, February 14.

Minimum enrolment age is 5 years old as of December 31, 2026 (born 2021 or earlier).

Parent/Guardian Supervision: A parent or legal guardian must remain at Ted Reeve Arena for the full duration of the student's scheduled class time. Students may not be dropped off and left unattended.

Class placement is at the discretion of the School. Continued enrolment is contingent upon adherence to placement decisions and appropriate conduct. The School reserves the right to withdraw a student in cases of persistent disruptive or unsafe behaviour.

EMERGENCY MEDICAL AUTHORIZATION: In the event of illness or injury, I authorize the School to obtain emergency medical treatment for my child as deemed necessary.

RELEASE, INDEMNITY AND CONSENTS

As consideration for the School accepting the above-named student for participation, I acknowledge that skating and hockey involves inherent risks. I release and discharge the School, its directors, instructors, volunteers, employees, and representatives from any claims arising from participation, and agree to indemnify and hold them harmless from any related liability. I consent to receive email communication from the School for program-related matters. I grant permission for the School to use photographs or video images of my child for promotional purposes (including website and social media). If I have concerns regarding these consents, I will notify the School in writing.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____

Fee Received: \$ _____ By: _____