

Benson Centre  
800 Seventh Street West, Unit 2  
Cornwall, ON K6J 0A3  
[skate.seaway@gmail.com](mailto:skate.seaway@gmail.com)  
<https://www.skateseaway.org>

# SKATE SEAWAY

## SKATER REGISTRATION

FALL/WINTER 2025-2026



### Jr STARSKATE (STAR 1 - 2)

<b>Jr STARSkate</b> SAT. 8:10-9:30 ** ** portion of session includes group coaching included PRICE: <b>\$560</b> @ Registration \$360   Nov 1 \$200 Includes non-refundable Skate Canada Fee \$65.00 <b>REGISTRATION DEADLINE: August 30, 2025</b>  After August 30, 2025, a late fee of \$20 will be applied.	<b>SKATING DATES (22 sessions)</b> September 2*, 6, 13, 20, 27 October 4, 18, 23* November 1, 22, 29 December 13, 20 January 3, 10, 17, 20* February 7, 14, 21, 24* March 5*  <b>ALL SESSIONS - BENSON CENTRE ICE PAD #3</b>	<b>It is also mandatory that all Athletes and Parents/Guardians (for athletes under 18 years of age) complete the <a href="#">Skate Ontario Concussion Disclaimer (Appendix B to Concussion Policy)</a> and the <a href="#">Harness Waiver (attached at the end)</a> at the time of registration.</b>  *These sessions are on a different day than the normal session program to account for City special events.
--	---	---

**CASH** ☐ Email [skate.seaway@gmail.com](mailto:skate.seaway@gmail.com) to make arrangements **CHEQUE** ☐ Payable to Skate Seaway Skating Club **E-Transfer** ☐ [skate.seaway@gmail.com](mailto:skate.seaway@gmail.com)

Registrations are considered complete once all required registration and installment fees are received.  
NSF cheques will be subject to a **\$50.00** charge.

### SKATER INFORMATION

GIVEN NAME		LAST NAME	
ADDRESS			
CITY	PROVINCE	POSTAL CODE	PHONE NUMBER
GENDER			
Male <input type="checkbox"/> Female <input type="checkbox"/> Another <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/>			
RELEVANT MEDICAL   SPECIAL NEEDS INFORMATION			
E-MAIL ADDRESS		SKATE CANADA # (IF KNOWN)	
I agree to receive club news, information, updates and notices by email. Yes <input type="checkbox"/> No <input type="checkbox"/>			
PARENT   GUARDIAN NAME		PARENT   GUARDIAN NAME	
Phone Number (if different from number above)		Phone Number (if different from number above)	
DATE OF BIRTH		HIGHEST LEVEL OF SKATING COMPLETED (for grouping purposes only)	
DD	MM	YYYY	
Home Club (if other)			
Skater Signature or Parent /Guardian signature (if skater is under 18 years of age)		X	
		DD	MM
		YYYY	

### END OF SEASON GALA AND AWARDS

This year we are pleased to offer our members an end of year skating gala. The gala will be a showcase of our skaters' achievements over the year with on-ice performances in a similar fashion as the gala shows done at International competitions. The dates and fees associated with ice time, costumes, coaching, etc. for the gala practice are included in the registration fee. More info will be shared at a later date for the times for the practices and gala (scheduled for April 11, 2026 on PAD 1). We would encourage all members to take part if they can. After the gala, we will hold our awards and a small treat as our thank you to our membership. We look forward to a great turnout and success for our event.

### REGISTRATION POLICY

- To preserve our City of Cornwall minor sport ice rental fees, Skate Seaway reserves the right to prioritize registration requests.
- Membership will be closed for any session which becomes filled.
- The Club reserves the right to move skaters, change, cancel and/or reschedule any or all sessions at any time during the skating year based on enrolment, skating levels, age, Assessment Days, seminars/clinics, special events etc..
- Skate Seaway and the City of Cornwall are not required to make up lost time or compensate customers for closing arenas due to emergencies or Acts of God.

### REFUND POLICY

In the event of a cancellation, Skate Seaway will attempt to create make-up sessions or will credit the members' account for any missed sessions, if make-up sessions cannot be found. Make-up sessions may fall on a different day than scheduled.

All requests for refunds must be submitted in writing to [skate.seaway@gmail.com](mailto:skate.seaway@gmail.com). All requests are subject to approval by the Board of Directors.

- A full refund will be considered if the request is received prior to the start of the first skating session.
- A prorated refund will be considered if the withdrawal request is received before the third, scheduled session.
- A prorated refund will be granted for medical reasons (supported by medical documentation/certificate) throughout the term of the skating season.

The annual Skate Canada membership fee of \$65.00 is non-refundable.

A \$35 administrative fee will be charged on all cancellations for any reason.

Participants are to attend all classes as scheduled for the program in which they are registered. In the event that a participant is unable to attend a scheduled class(es), make-up classes, refunds, or credits for the missed class(es) will not be provided.

### USE OF PERSONAL INFORMATION

Personal information provided on this registration will be used to facilitate your enrolment, administer our skating programs, and provide contact information that will be used to notify you of program updates and events. This membership information will be shared with Skate Canada for registration, statistical, and program development purposes only.

### ICE TIME CANCELLATION POLICY

Skating is rarely cancelled, however as a parent, it is your decision whether or not to bring your child to the rink if the roads are in poor condition. Any decision to cancel skating sessions due to inclement weather will be made by 4 PM. If no announcement is released by 4 PM skating sessions will go forward as scheduled. Updates regarding the cancellation of sessions will be made via Skate Seaway's social media accounts and Skate Seaway's website. Accounts should be checked regularly throughout the day for updates. Though every effort will be made to make up the missed sessions; there is no guarantee that Skate Seaway will be able to reschedule missed sessions due to ice availability and calendar time restraints.

### PERSONAL LIABILITY

The applicant, his/her parents or guardians agree that Skate Seaway, its Directors, Volunteers, Coaches and Members, are not liable for, nor hold any responsibility for, any personal injury or loss of property of any nature or kind however caused while participating in our programming both on and off the ice.

### MEDIA PERMISSION 2025-2026

I consent to my child's photograph, video, name, or accomplishments being shared by Skate Seaway for promotional purposes.

NEWSPAPER: YES ☐ NO ☐

SOCIAL MEDIA: YES ☐ NO ☐

CLUB WEBSITE: YES ☐ NO ☐

I have read and understood the conditions and policies for participation in Skate Seaway's Jr STAR program. I agree that my child and I will adhere to these conditions and policies.

Name of Skater: \_\_\_\_\_

Skater Signature or  
Parent /Guardian  
signature (if skater is  
under 18 years of age)

X

DD

MM

YYYY

# Skate Ontario Concussion Policy

---

*In accordance with the policies of the Ontario Ministry of Tourism, Culture and Sport, Skate Ontario has developed a Concussion Policy for the sport of figure skating in Ontario. Accordingly, all skaters and parents/guardians must sign the required disclaimer below.*

.....

## Skate Ontario Concussion Policy Disclaimer

### All Athlete Participants must

- Read the Skate Ontario Concussion Policy (posted on the Skate Ontario website).
- Download and read this disclaimer form.
- Complete and sign the disclaimer
- Turn in on the day of the event.
- Understand that they will not be able to compete without the completed form.

### Parent/Guardians must

- Sign the waiver if the participant is under 18 years of age at the time of the competition.
- 

The event the athlete is participating in: \_\_\_\_\_

**Parent/Guardian Agreement:** I \_\_\_\_\_  
have read the Skate Ontario Concussion Policy and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/competition if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/competition until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/competition too soon.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Athlete Agreement:** I \_\_\_\_\_  
Have read the Skate Ontario Concussion Policy and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parent/guardian. I understand that I must be removed from practice/competition if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/competition. I understand the possible consequences of returning to practice/competition too soon and that my brain needs time to heal.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SKATE SEAWAY SKATING CLUB

## Jump Harness

### Waiver and Release of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of my use of the Skate Seaway jump harness, I represent that I understand the nature and use of the jump harness and that I am qualified, in good health and in proper physical condition to use the jump harness. I acknowledge that in believe conditions are unsafe, I will immediately discontinue use of the jump harness.

I fully understand that use of the jump harness involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others involved in my use of the jump harness, the conditions at which my use of the jump harness takes place, or the negligence of the Releasees; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my use of the jump harness.

The jump harness installed in Pad 3 of the Benson Centre is property of Skate Seaway and may only be used by approved coaches on approved sessions. The Skate Seaway Officers may make changes to this policy. I hereby release, discharge, and covenant not to sue Skate Seaway, The City of Cornwall, the Benson Centre, or their directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of the premises at which my use of the jump harness takes place (collectively the "Releasees") from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Printed Name of Participant/Skater  
(if over 18 years old)

\_\_\_\_\_  
Signature of Participant /Skater

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian  
(if skater is under 18 years old)

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

\_\_\_\_\_  
Date