



**ICESA**  
I CAN EXCEL SKATING ACADEMY

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**Intro To Hockey Skills 5 & 6 Year Olds**  
**Coaches: Skating Skills Lisa Conley & Stick Handling Corey Ignas**  
**Duncan Memorial Arena**  
**Trenton ON**  
**Saturdays October 17 – November 28 2020**

\*Skater Name: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_

\*Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

\* Skate Canada #: \_\_\_\_\_ \*Highest Badge Completed \_\_\_\_NA\_\_\_\_\_

\*Parent/Guardian Name: \_\_\_\_\_

\*Phone #: \_\_\_\_\_ \*E-Mail Address: \_\_\_\_\_

<b>Dates &amp; Times:</b> Saturdays October 17 – November 28 2020 10:05 – 10:55AM	<b>Cost: Full Time Early Bird October 10 \$180</b> <b>After October 10 \$200</b>
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**SPACE IS LIMITED SO REGISTER EARLY!!**

**PAYMENT POLICY:**

**Registration to be paid in FULL at time of registration with the submission of a completed form.**

**Please submit CASH, Etransfer or a CHEQUE. REFUNDS will be considered as a request accompanied by a Doctor's note after the first two weeks of registering.**

Total Fee: \_\_\_\_\_

Total Payment: Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Etransfer \_\_\_\_\_

**Program Questions Inquiries: Please contact ICESA Owner/Director Lisa Conley [icesainfo@gmail.com](mailto:icesainfo@gmail.com)**

**Cheques Payable to: Lisa Conley MAIL TO: Lisa Conley 582 Jericho Rd. Demorestville ON K0K 1W0**

**Waiver:** The undersigned skater/parent/guardian hereby agree(s) to hold and save harmless the I Can Excel Skating Academy, all officers, directors, executive members, committee members and coaches from any claims for injuries, damage or loss of any kind whatsoever, however or whoever caused, and aforesaid jointly and severally are released by the undersigned from any and all such claims. The undersigned also agrees to abide by all ICESA rules in effect, or as amended from time to time.

ICESA uses web sites & social media for promotion of programs. Approval for social media, facebook, web site, twitter, instagram, bulletin boards, flyers?

YES  NO

\_\_\_\_\_  
Signature of Skater (18 years of age or older)/Parent or Guardian

\_\_\_\_\_  
Date

Thank you for your support!