



PRIME TIME ICE

SEPTEMBER 7TH, 2021 TO APRIL 30TH, 2022



Tom Graham Arena Complex
1300 Elgin Mills Rd. E. Richmond Hill, ON

Phone: (905) 884-1361 Fax: (905) 884-5605

Email: info@richmondtc.com

NAME:	BIRTH DATE (YYYY/MM/DD):	SEX: M <input type="checkbox"/> / F <input type="checkbox"/>
ADDRESS:	HEALTH CARD #:	
CITY:	PRIMARY PHONE #:	
POSTAL CODE:	E-MAIL ADDRESS:	
SKATE CANADA #:	COACH(ES):	
PARENT/GUARDIAN:	COMPETITION LEVEL:	

PLEASE CHECK DESIRED SESSIONS & NUMBER OF DAYS & TIMES

PRIME TIME (STARTING AT 5:10PM)	FEES
PER SESSION (H.S.T. INCLUDED)	\$28.00
SKATE CANADA FEE	\$45.00
3 OR MORE SESSIONS WEEKLY (\$25.00 PER SESSION)	

PLEASE NOTE: ALL PAYMENTS MUST BE MADE IN ADVANCE

PRIME TIME SCHOOL ICE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5:10PM – 6:00PM PRE-COMP / COMP	5:10PM – 6:00PM PRE-COMP / COMP	5:10PM – 6:00PM PRE-COMP / COMP	5:10PM – 6:00PM PRE-COMP / COMP	5:10PM – 6:00PM PRE-COMP / COMP	10:10AM – 11:00AM ELITE
6:10PM – 7:00PM GENERAL FREESKATE	6:10PM – 7:00PM LEARN TO SKATE	6:10PM – 7:00PM GENERAL FREESKATE	6:10PM – 7:00PM LEARN TO SKATE	6:10PM – 7:00PM GENERAL FREESKATE	11:10AM – 12:00PM ELITE / PRE-ELITE
7:10PM – 8:00PM GENERAL FREESKATE	7:10PM – 8:00PM GENERAL FREESKATE	7:10PM – 8:00PM GENERAL FREESKATE	7:10PM – 8:00PM GENERAL FREESKATE	N/A	12:10PM – 1:00PM PRE-COMP / COMP
N/A	N/A	N/A	N/A	N/A	1:10PM – 2:00PM LEARN TO SKATE
N/A	N/A	N/A	N/A	N/A	2:10PM – 3:00PM GENERAL FREESKATE

- ELITE** – Must be competing Junior/Senior OR landing Double Axel & 2 consistent Triple Jumps
- PRE-ELITE** – Must be competing Pre-Novice OR landing 5 consistent Double Jumps & working on Double Axel
- COMPETITIVE** – Must be competing Pre-Juvenile/Juvenile OR Star 7 & Up OR landing 3 consistent Double Jumps
- PRE-COMPETITIVE** – Star 5 & 6; landing consistent Single Axel & 1 Double Jump
- JUNIOR** – Up to Star 4

AT ITS DISCRETION, MANAGEMENT, RESERVES THE RIGHT TO CHANGE THE SCHEDULES, QUALIFICATIONS & FEES

FEES ARE PAYABLE BY CASH, VISA, MASTERCARD, CHEQUE & DEBIT.

NO REFUNDS, CANCELLATIONS OR MAKE-UPS FOR MISSED SESSIONS

NO REFUNDS WILL BE PAID AFTER THE SCHOOL OPENS, WITHOUT A MEDICAL CERTIFICATE

THE APPLICANT AGREES THAT RICHMOND TRAINING CENTRE AND/OR ITS PROPRIETORS WILL NOT BE HELD RESPONSIBLE FOR ANY ACCIDENTS OR LOSS, HOWEVER CAUSED, AND AGREES TO RELEASE THE CENTRE AND/OR THE PROPRIETORS FROM ALL CLAIMS AND DAMAGES WHICH MAY ARISE AS A RESULT OF OR BY REASONS SUCH AS ACCIDENTS OR LOSS.

Total Due: \$ _____ Payment Method: Cash Cheque Visa M/C Debit

Credit Card #: _____ Expiry Date: _____

Parent/Guardian Signature: _____ Date (YYYY/MM/DD): _____

MAILING ADDRESS: Box 30507 - 10620 Yonge Street, Richmond Hill, Ontario - L4C 4H0