



加拿大凯智文化体育有限公司
CANADA KINETIC INTELLIGENT INC



Canada KZ Skating School will offer a Fall Skating School at the APM Center, September 1 - October 3, 2020 This program is for skaters who are working on **Jump Start CanSkate Stage 4-6** and **StarSkate** levels.

Group lessons will be offered. Private Lessons are available and should be booked directly with the Professional coach, Contact Kim Duffy for private lessons. All certified coaches are welcome to teach at the school.

Please print the application form or download the form from our website www.k-intelligent.com spaces are limited.

School President - Rona Yang, rona@k-intelligent.com 902-316-0786

Coaching director - Kim Duffy, kim@k-intelligent.com 902- 213-7657

School Director - Yun Zhang, zhangyunapple@hotmail.com 902-316-0560

Schedule:

Monday	Tuesday	Wed	Thursday	Friday	Saturday	Sunday
	September 1 CanSkate 4 to 6 4:00-4:45 Starskate 4:45-6:00	2)	September 3 CanSkate 4 to 6 4:00-4:45 Starskate 4:45-6:00	4)	September 5 CanSkate 4 to 6 2:15-3:00 Starskate 1:00-2:15	6)
7)	September 8	9)	September 10	11)	September 12	13)
14)	September 15	16)	September 17	18)	September 19	20)
21)	September 22	23)	September 24	25)	September 26	27)
28)	September 29	30)	October 1	2)	October 3	4)



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Canada KZ Skating Fall School, 2020. September 1 – October 3, 2020, APM Centre in Cornwall PEI

Name _____

E mail _____ Telephone _____

Parent/Guardian - Print: _____

Home Skating Club _____

Skate Canada # _____

Freeskate Level working on _____

Registration Fee:

Jump Start, CanSkate, Stage 4 to Stage 6 , \$160.00 (program) + \$43.65 (Skate Canada fee) = \$203.65

StarSkate, + group instruction , \$190.00 (fee) + \$43.65 = \$233.65

StarSkate Fee: ice time only, no group instruction , \$140.00 (fee) + \$43.65 = \$183.65

Payment can be made by e-transfer to rona@k-intelligent.com, Cash or Cheque to be paid on the first day of skating. Cheque payable to "Canada Kinetic Intelligent Inc"

Call Rona Yang c) 902 316-0786

Yun Zhang c) 902-316-0560

Kim Duffy c) 902-213-7657

*Refunds only by medical certificate and in writing.

*Forms must be signed prior to stepping on ice.

Due to the Corona, Covid 19 restrictions, Canada KZ Skating School will only be accepting experienced skaters from Stage 4 to 6 CanSkate and all Starskate levels at this time. Please review the Covid screening questions & "Assumption of Risk and Waiver" on page 3 & 4, Signature and payment must be completed prior to stepping on the ice.

Assumption of Risk and Waiver

PLEASE READ CAREFULLY:

1. ACKNOWLEDGMENT OF INHERENT RISK

I understand that participation in skating, figure skating, and any other sporting activities listed in the enclosed appendix (hereinafter the "Sports Activity") is voluntary, and involves inherent risk during participation, including the risk of possible accidents, physical injury, or exposure to the COVID-19 virus or other infections or infectious diseases as a result of attending training, club events or competitive events. I freely accept and fully assume all such risks, dangers and hazards, including but not limited to personal injury, disease transmission, death, property damage or loss, resulting from my participation. I have carefully considered the risks involved, and I have full confidence that reasonable precautions will be taken to ensure the safety and well-being of myself (or my son/daughter/ward).

2. WAIVER

I do for myself (or my child), and our respective heirs, executors, administrators, successors and assigns, hereby waive, release, and forever discharge Skate Canada and/or Skate Canada PEI Section, Canada KZ Skating School, their officers, partners, agents, employees, servants, representatives, volunteers, coaches, officials, successors and assigns (the "Representatives") of and from any actions, causes of action, complaints, demands and claims or any recourse whatsoever ("Claims") that I have or may have in the future in any way connected with my (or my child's) participation in the Sports Activity contemplated herein, whether in law or in equity, in respect of personal injury, illness or disease transmission, loss of life, or property damage of any kind or nature, and I do hereby discharge the Representatives from any such liability. This includes negligence, breach of contract or breach of any statutory or other duty of care.

3. INDEMNIFICATION

I further agree to fully indemnify and defend Skate Canada and/or Skate Canada PEI Section, Canada KZ Skating School and any of their Representatives from and against any and all Claims brought against Skate Canada and/or Skate Canada PEI Section, Canada KZ Skating School and any of their Representatives, including all related costs and expenses, and against any loss, costs, damages, or expenses which Skate Canada and/or Skate Canada PEI Section, Canada KZ Skating School and any of their Representatives may sustain, suffer, incur, or be liable for resulting from, arising from, or in any way related to my (or my son/daughter/ward's) participation in the Sports Activity. I also agree and undertake not to make any claim or take any proceedings against the Representatives set out above, or any other person or corporation which might claim contribution or indemnity under the provisions of any statute or otherwise from the Representatives set out above.

Canada KZ Skating School, Fall 2020

4. SEVERABILITY

The provisions of this Assumption of Risk and Waiver shall be deemed severable and if any provision or portion thereof is held invalid, illegal or unenforceable for any reason, the remainder shall not thereby be invalidated, but shall remain in full force and effect. Acknowledgement: I am aware of the nature and effect of this Assumption of Risk and Waiver and I fully understand all of the terms and conditions above. I understand that I have given up substantial rights by signing this Assumption of Risk and Waiver and I am signing it freely and voluntarily without inducement. Parent/Guardian: I certify that I am the parent or legal guardian of the participant named below and that I am entitled to his or her custody and control. I understand the aforesaid inherent risks that could arise from these activities, I grant permission for my son/daughter/ward to participate in the Sports Activity and other activities incidental thereto and I execute this Assumption of Risk and Waiver on behalf of myself and my son/daughter/ward.

Covid Screening of Staff and participants before entering KZ Skating School programs: Screening questions, Please circle one (yes or no) to each question.

1. Does your child, or anyone in your household, have any of the following symptoms (indicate Yes or NO for each symptom listed below): - New or worsening cough - Shortness of breath or difficulty breathing - Fever - Other: (includes symptoms not listed above)	Yes	No
2. Is there anyone in your home that is required to self-isolate?	Yes	No
3. Have you, or anyone in your household, been in contact in the last 14 days with a person under investigation or confirmed to be a case of COVID-19?	Yes	No
If you have answered YES to any of the above questions, DO NOT enter at this time.		
If you have answered NO to all of the above questions, please sign in and out and practice hand hygiene before & after your visit		

Participant's Name: _____

Contact phone number (area code/number): _____

Contact email: _____

Date of Birth (D/M/Y): _____ / _____ / _____

Participant's Signature: _____

Guardian Signature (s): _____

Date (D/M/Y): _____ / _____ / _____