# APPENDIX C: SKATE CANADA MEMBER CLUB/SKATING SCHOOL SESSION RECORD

Date: Facility Name:

Start time of Session: End time of Session:

Name of Volunteer/Coach collecting information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME** | **LAST NAME** | **RESIDENCE**(City/Town) | **PHONE NO.** | **ACTIVITY AT FACILITY** | **LOCATION IN FACILITY** | **WAIVER SIGNED & SUBMITTED**  | **DAILY VERBAL SCREENING COMPLETED** |
| Ex. Andy | Axel | Vancouver | 604-555-1234 | Coach | On-ice |  |  |
| Suzy | Sit-Spin | Vancouver | 604-555-1234 | Skater | On-ice |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |