

## EMERGENCY MEDICAL ATTENTION

In the event that emergency health care is required, I \_\_\_\_\_ hereby give my permission for the attending medical staff to administer any medical procedures to save my child's (or my) life.

\_\_\_\_\_  
Signature of Parent/Guardian (or Adult Participant)

## CONSENT FORM

My Child/ren \_\_\_\_\_ will participate in the BLADE 1 PROFESSIONAL POWER SKATING SCHOOL as outlined.

In permitting my son/daughter to participate in the BLADE 1 PROFESSIONAL POWER SKATING SCHOOL, I, the undersigned, authorize the Program Director or designated appointee, in the event of an accident or illness affecting the above name(s) to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein as may be deemed essential for the care and well being of said skater. Such action is to be taken only when immediate contact with the undersigned cannot be made. I also permit BLADE 1 PROFESSIONAL POWER SKATING SCHOOL to release information to their insurance agents as required.

**I acknowledge and agree that all fees are non-refundable.**

\_\_\_\_\_  
Signature Parent Guardian (or Adult Participant)

Date \_\_\_\_\_

### MEDICAL

Name: \_\_\_\_\_

Age: (as of Dec 31, 2024) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Ont. Health Card #: \_\_\_\_\_

Physician: \_\_\_\_\_

### HISTORY

Medical problems which might affect performance:

A. \_\_\_\_\_

B. \_\_\_\_\_

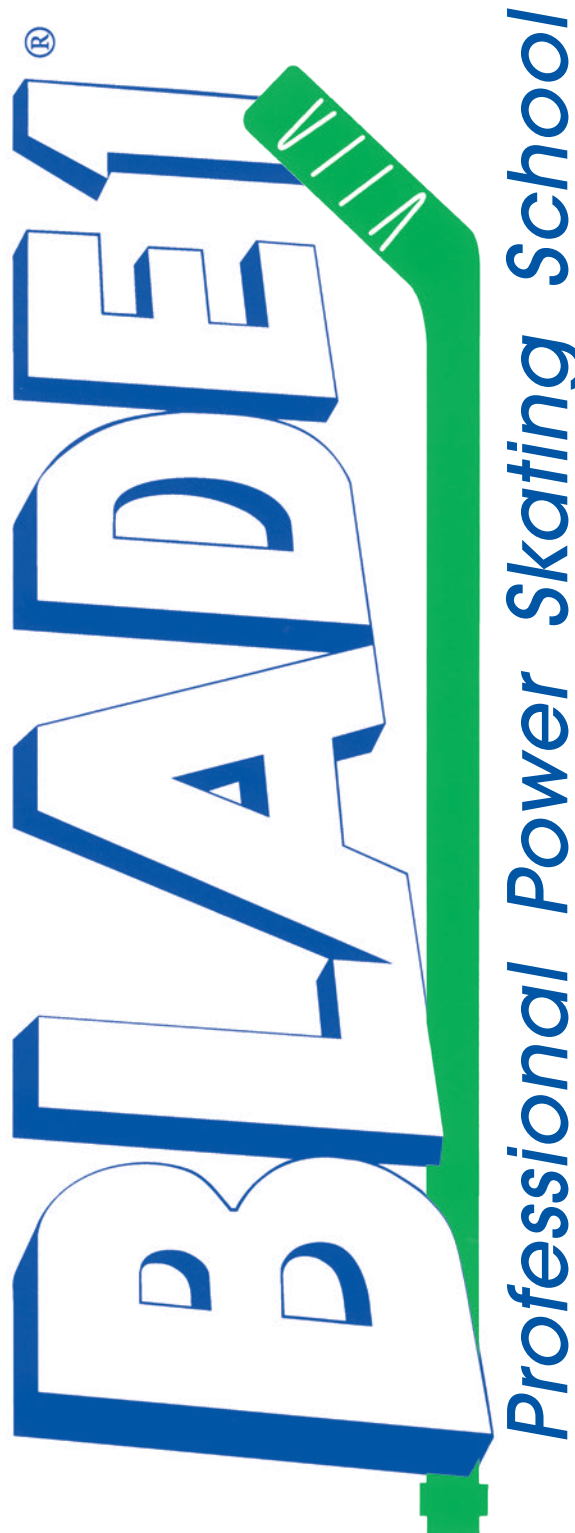
C. \_\_\_\_\_

### ALLERGIES

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_



"Registered as an Educational Institution"

Camp Director & Professional Instructor

**BRIGITTE G. WOLF-TAULBEE**

**Power Skating Instructor to**

**NHL, AHL and Jr A players for over 30 years**

**Ayton-Normand Arena Complex**

**Grey RD. 3**

**Ayton, Ontario**

**N0G 1C0**

**2024**

**BLADE 1 Session Dates**

August 4, 5, 6, 7, 8 & 11, 12, 13, 14, 15

**MAIL REGISTRATION TO:**

**BLADE 1**

**PROFESSIONAL POWER SKATING SCHOOL**

**c/o Brigitte Wolf-Taulbee**

**114 Wilson Avenue**

**Kitchener, Ontario N2C 1G7**

**(519) 748-9787**

**(Message Service)**

**www.blade1.com**

## BLADE 1 PROFESSIONAL STAFF

Head Instructor

Brigitte G. Wolf-Taulbee

## BLADE 1 OVERVIEW

The development of a progressive, hockey/ringette, skating program from beginner (BLADE 5) to professional (ELITE BLADE 1) Level.

BLADE 1 objectives are to improve and refine skating skills necessary to enjoy and be competitive at hockey /ringette.

## SKILLS COVERED

Fwd / Bwd Strides    Agility / Balance  
Quick Starts / Stops    Speed / Endurance  
Turns / Crossovers    Lateral Movement

## LOCATION:

Ayton-Normand Arena Complex  
Grey RD. 3  
Ayton, Ontario  
N0G 1C0

## EQUIPMENT REQUIREMENTS

Hockey / Ringette equipment is mandatory, including a **mouth guard** and a CSA approved helmet. Full hockey equipment is essential to create the same body movements that exist in hockey/ringette game situations.

## REGISTRATION INFORMATION

Levels are a guide for registration. Participants may be transferred by the head instructor, **WITHOUT PARENTAL CONSENT**, to suit individual ability which will help the progression of their skating skills.

***Payment in FULL is due at time of application***

**Register your child in a class according to the 2024 / 2025 Hockey Level.**

## REFUND POLICY

Registration Fee is **NON-REFUNDABLE**. Refund for justified medical circumstances only, accompanied by medical doctor's certificate.

**No refund due to class reassignment.**

## BLADE 1 PROFESSIONAL POWER SKATING REGISTRATION COSTS

		Session Cost	HST 13%	Total Registration
BLADE 5, 4, 3, 2	1hr.	\$336.28	\$43.72	\$380.00
BLADE 1	1hr.	\$349.56	\$45.44	\$395.00

Please make cheque payable to:

### BLADE 1 Professional Power Skating School

Cancelled cheque is initial confirmation.  
Confirmations will be sent out by **email** 2 weeks prior to start of school.

## BLADE 1 ICE SCHEDULE

August 4, 5, 6, 7, 8 & 11, 12, 13, 14, 15

All dates, times and prices are subject to change.

BLADE 5 Pre-Novice U7/1 <sup>st</sup> yr. Novice U8	5:00 - 5:50 p.m.	1hr.
BLADE 4 2 <sup>nd</sup> yr. Novice U9/1 <sup>st</sup> yr. Atom U10	6:00 - 6:50 p.m.	1hr.
BLADE 3 2 <sup>nd</sup> yr. Atom U11/1 <sup>st</sup> yr. PeeWee U12	7:00 - 7:50 p.m.	1hr.
BLADE 2 2 <sup>nd</sup> yr. PeeWee U13/1 <sup>st</sup> yr. Bantam U14	8:00 - 8:50 p.m.	1hr.
BLADE 1 2 <sup>nd</sup> yr. Bantam U15 and up	9:00 - 9:50 p.m.	1hr.

## SEND REGISTRATION DEPOSIT TO:

BLADE 1  
PROFESSIONAL POWER SKATING SCHOOL  
c/o BRIGITTE WOLF-TAULBEE  
114 Wilson Ave.  
Kitchener, Ontario N2C 1G7

## REGISTRATION FORM 2024

**August 4, 5, 6, 7, 8 & 11, 12, 13, 14, 15**

BLADE 5  
Pre-Novice U7/1<sup>st</sup> yr. Novice U8 \_\_\_\_\_

BLADE 4  
2<sup>nd</sup> yr. Novice U9/1<sup>st</sup> yr. Atom U10 \_\_\_\_\_

BLADE 3  
2<sup>nd</sup> yr. Atom U11/1<sup>st</sup> yr. PeeWee U12 \_\_\_\_\_

BLADE 2  
2<sup>nd</sup> yr. PeeWee U13/1<sup>st</sup> yr. Bantam U14 \_\_\_\_\_

BLADE 1  
2<sup>nd</sup> yr. Bantam U15 and up \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_

Did you participate in previous 2023 Blade 1 PPSS

Yes  No  If yes class \_\_\_\_\_

Hockey/Ringette Experience

Last Year's Level \_\_\_\_\_

Ability:  House  Development  Select  All Star Rep

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