



Mail this form to:  
Box 520  
Stayner, ON L0M 1S0

# REGISTRATION FORM FIGURE AND POWER SKATING

## MAIN CONTACT - Please print clearly

Adult/Parent/Guardian's LAST Name	First Name(s)	
Family Address	City	Postal Code
Home Phone Number	E-mail Address	
Emergency Contact - Name and telephone number		

## SKATER #1 INFORMATION

Family Name	First Name	Birthdate M/D/Y
Last level completed	Coach	Skate Canada #      Home Club#

### SIGN ME UP FOR:

Program Name	Session Code	S M T W T F S	FIGURE SKATERS ONLY Circle Day(s)	Fee
Program Name	Session Code	S M T W T F S	FIGURE SKATERS ONLY Circle Day(s)	Fee
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**MEDICAL INFORMATION**

Special Conditions/Needs: \_\_\_\_\_

Health Card # \_\_\_\_\_

Family Doctor \_\_\_\_\_

Allergies \_\_\_\_\_

## SKATER #2 INFORMATION

Family Name	First Name	Birthdate M/D/Y
Last level completed	Coach	Skate Canada #      Home Club#

### SIGN ME UP FOR:

Program Name	Session Code	S M T W T F S	FIGURE SKATERS ONLY Circle Day(s)	Fee
Program Name	Session Code	S M T W T F S	FIGURE SKATERS ONLY Circle Day(s)	Fee
Program Name	Session Code	S M T W T F S	FIGURE SKATERS ONLY Circle Day(s)	Fee

**MEDICAL INFORMATION**

Special Conditions/Needs: \_\_\_\_\_

Health Card # \_\_\_\_\_

Family Doctor \_\_\_\_\_

Allergies \_\_\_\_\_

## RELEASE & INDEMNITY (Must be completed and signed)

We the undersigned parent(s) / guardian(s) of the above listed participants do hereby release SK8 Georgian Bay from all claims, actions, causes of actions, damages and demands for loss or injury resulting directly from the participation of our child in this program. This includes all costs, damages and expenses incurred in defending any such claims or actions against SK8 Georgian Bay. We understand that this is our commitment to honour this registration and that it is our responsibility to explain the commitment and school rules to our skater. We acknowledge that the student would not be accepted into this program but for our executing this release indemnity. The applicant and parent do not object to having names and/or pictures published or posted.

*Applications are accepted on a first come, first served basis. Payment must accompany applications to reserve space. Requests for refunds must be made within 30 days prior to the start of the session. A \$30.00 administration fee will be charged per request. All other refunds must be accompanied with a Doctor's note.*

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

## METHOD OF PAYMENT

Subtotal:
GST
Total amount to be charged:

<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard			
Card#	Expiry Date		

## OFFICE USE ONLY
