

Registration Form

Arthur & Area Skating Club

www.arthurareaskatingclub.com

e-mail: skate@arthurareaskatingclub.com



Skater Name :

First : _____ Last : _____ M _____ F _____

Address : _____

Date of Birth : _____ Age as of October 1st : _____

Health Card # : _____ Skate Canada # : _____

Home Phone : _____ Work Phone : _____

E-Mail Address : _____

Programs: Learn to Skate Pre-Power Canskate Cansynchro Pre-Junior

Junior Intermediate Senior Juvenile Synchro Novice Synchro Special Olympics

Preferred Days: Monday Wednesday Saturday

Parent or Guardian Name: _____

Emergency Contact: _____

Medical Information the Club/Coach should be aware of: _____

Note: Cheques are made payable to Arthur & Area Skating Club, or AASC. NSF fee will apply to all returned cheques.

Skaters will not be allowed to participate in programs until good standing is achieved.

I understand that the registrant must abide by the governing rules of the organization, and failure to comply could result in him/her being banned from participation. The undersigned give the AASC permission to film/photograph the above child for use in the newspaper, website etc. I give the AASC permission to make this information available to the Executive during skating sessions, carnival preparations, emergencies etc. I release Arthur & Area Skating Club from all claims for damages arising from accident or injury caused by, or arising from participation herein during any program, or in any facility where a program is being held.

Parent or Guardian Signature: _____

Payment Received by: _____

Total Amount: _____ Cash: _____

Cheque(s) # and Amount: _____
