



Aldergrove Skating Club

2017/2018 Fall Registration Form

Arena located at 2882 272nd Street 604-857-1696 Mailing address PO Box 870, Aldergrove, BC V4W 2V1

Skater - Surname: _____
 Given: _____
 Birthdate: _____ Age _____ M / F
 Address: _____
 City: _____
 Postal Code: _____
 Care Card#: _____
 Health Problems: _____

 Phone: _____
 Email: _____

Skate Canada #: _____
 Home Club: _____
 Coach: _____
 Highest Free Skate Level Passed: _____
 Highest Dance Level Passed: _____
 Highest Skill Level Passed: _____
 Highest Interpretive Level Passed: _____

Parent/Legal Guardian
 Guardian #1 Surname: _____
 Given: _____
 Guardian #2 Surname: _____
 Given: _____

Emergency Contact
 Name: _____
 Phone#: _____
 Doctor: _____
 Phone#: _____

Session	Day	Time	\$
Pub Night Tickets	# of tickets	@ \$25. each	

Skate Canada Fees: _____ \$38.

New* Canskate only: Family Rate receive 5% off towards the 2nd, 3rd & 4th child.

New* Sign up for 2 mornings & 2 developmental sessions on specified registration dates, Aug 31, Sept 5 & 7, 2017 and receive a 5% discount. -5% _____

Total Fees \$ _____

Payable to Aldergrove Figure Skating Club as follows:

Cash: _____
 Cheque: _____
 Visa/MC#: _____ (expiry- mm/yy)
 Name on Credit Card: _____

Music deposit postdated Mar. 2018 (\$50 per session)
 Cheque#: _____
 Music commitment dates: _____

Volunteer deposit postdated Mar. 2018 (\$100. per job)
CanSkate: 1 job req'd; Excel/Star 1-Sr 2 jobs req'd; Synchro 2 additional jobs req'd
 Cheque #: _____
 Volunteer Job #1: _____
 Volunteer Job #2: _____
 Synchro Job #3: _____ #4: _____

Consent and Release

1. I understand that the Aldergrove Skating Club, its operator, and affiliated staff accept no responsibility for injury or losses however caused, and that a responsible person must be at the arena during skating times.
2. I agree to the use of photography or video of my child taken while participating in Aldergrove Skating Club activities, for the purpose of promoting the Aldergrove Skating Club activities and events.

Parent/Legal Guardian

Signature: _____ Date: _____

Registration will not be accepted without payment, deposits and subject to approval from the board members. Refunds will not be issued without a doctors note, approval of the board and will be subject to a \$50. admin fee.