

Aldergrove Skating Club Summer Session Registration Form 2018

Summer is located at Centre Ice: 3600 Townline Road, Abbotsford, B.C.
Mail Registrations to: P.O. Box 870, Aldergrove, BC V4W 2V1 or email: info@aldergroveskatingclub.com

Skater's Surname: _____	Parent/Legal Guardian: _____
Skater's Given: _____	Father's Surname: _____
Birthdate: _____ M/F	Given: _____
Address: _____	Mother's Surname: _____
City: _____	Given: _____
Postal Code: _____	Emergency Contact: _____
Phone: _____	Name: _____
Email: _____	Phone #: _____
Skate Canada #: _____	Care Card #: _____
Highest Level Freeskate Passed: _____	Health Problems: _____
Highest Level Dance Passed: _____	_____
Highest Level Skills Passed: _____	Coach's Name: _____
Highest Level Interpretive Passed: _____	Coach's Phone or email: _____

	Week 1: July 3–5	Week 2: July 9–12	Week 3: July 16–19	Week 4: July 23–26					
	Week 5: July 30–Aug 2	Week 6: Aug. 7–9	Week 7: Aug. 13–16						
SESSION	CIRCLE	WEEKS	ATTENDING	# OF DAYS ATTENDING	TOTAL				
Monday 8:00-9:15 – Open	2	3	4	5	7	\$19.00 X	= \$		
Tuesday 8:00-9:15 – Open	1	2	3	4	5	6	7	\$19.00 X	= \$
Wednesday 8:00-9:30 – Dance/Skills	1	2	3	4	5	6	7	\$22.00 X	= \$
Thursday 8:00-9:15 – Star 1-2/Star 3-4	1	2	3	4	5	6	7	\$19.00 X	= \$
Thursday 8:45-10:00 – Star 3-4/Star 5+	1	2	3	4	5	6	7	\$19.00 X	= \$
* Buy 10 sessions and get 5% off **Buy 20 sessions and get 10% off = (minus \$ _____)									
Total payable to Aldergrove Skating Club enclosed with Registration = \$									

I understand that Skate Canada cannot be held responsible for any loss, injury or damage sustained as a result of any of the Club's activities. Sessions are subject to change. No refunds will be given without a doctor's note.

Parent/Legal Guardian's Signature: _____

Date: _____

*** Summer Test Day will be: TBA**