

Salmon Arm Skating Club Registration Form

Powerskate Fall 2019

PO Box 1488, Salmon Arm, BC V1E 4P6

salmonarmskatingclub@gmail.com

www.saskatingclub.com

Contact: **Lori-Ann Williams 250-803-2583** or Crystal de Boer 250-575-8411



NAME: _____

GENDER: _____

DATE OF BIRTH: _____

EMAIL: _____

ADDRESS/CITY: _____

POSTAL CODE: _____

PARENT/GUARDIAN: _____

CONTACT #: _____

CARECARD #: _____

HEALTH CONCERNS: _____

Previously SKATE CANADA Registered: YES or NO SKATE CANADA # (If Known): _____

If Yes, Within SASC: YES or NO – CLUB: _____

Preferred Way to Contact for Upcoming Events and News: TEXT: _____ EMAIL: _____

ALL PROGRAMS RUN FROM SEPTEMBER 25th TO DECEMBER 4th 2019

<u>Program:</u>	<u>Day:</u>	<u>Drop in Price:</u>	<u>Full Session Price:</u>	<u>Amount:</u>
Pre-Powerskate	Wednesday	\$17	\$150	_____
Powerskate	Wednesday	\$17	\$150	_____
Membership Fee (Paid Once/Skating Year Sept to Aug)			\$43.75	_____
(Insurance Fee- \$.75, BC/Yukon Section Fee- \$20, Skate Canada Fee \$20, SafeSport Fee- \$3)				
				AMOUNT DUE: _____

Times:

Powerskate- Wednesdays- Sept 25th to Dec 4th @ **3:00PM to 3:45PM**

Family Discount of 10% off each registration starting with the third registered skater. (NO discount on Membership Fee) Full Payment due at time of registration. Payment plan available upon request ONLY. SASC now accepts E-transfer as well as cash or cheque. E-transfer Password: SASC2019 Please, provide skater's name on the E-transfer.

PLEASE READ AND SIGN BELOW:

I will NOT hold the SASC, their Board members, Program Assistants and Employees (Coaches) responsible for any injuries or property damages during lessons or events held by the SASC.

I will abide by the rules of Skate Canada, BC/ Yukon Section and the SASC.

Refunds are granted on a case by case basis as determined by SASC. Medical documentation may be required. The Membership Fee is non-refundable.

Signature: _____

Office Use Only:	Received By: _____	Amount Collected: _____	Cash / E-Transfer / Cheque	Cheq #: _____
	Payment Plan Arranged: Yes or No Date of Payments: _____			