Salmon Arm Skating Club Registration Form Canskate Winter 2020

PO Box 1488, Salmon Arm, BC V1E 4P6 $\,$

 $\underline{salmonarmskatingclub@gmail.com}$

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 #: | | P 5.44 |
| 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 JANUARY 6 TH TO MARCH 9 TH 2020 (No Skating - February 17 th) | | |
| Program: | Day: | Full Session Price: Amount: |
| Pre-Canskate | Monday | \$110 (9 Sessions) |
| Pre-Canskate | Thursday | \$110 (9 Sessions) |
| Canskate | Monday | \$130 (9 Sessions) |
| Canskate | Thursday | \$130 (9 Sessions) |
| 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: | | AWOON DOE. |
| | vs- Jan 6 th to Mar 9 th @ 4:15PN | I to 4:45PM / Thursdays- Jan 9 th to Mar 5 th @ 4PM to 4:30 PM |
| Canskate- Mondays- Jan 6 th to Mar 9 th @ 4:30PM to 5:15PM / Thursdays- Jan 9 th to Mar 5 th @ 4:15PM to 5PM | | |
| 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 in the E-transfer message. | | |
| 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: Rec | eived By: Amount Co ment Plan Arranged: Yes or No | ollected: Cash / E-Transfer / Cheque Cheq #: Date of Payments: |