Salmon Arm Skating Club Registration Form

Canskate (Spring 2019)

PO Box 1488, Salmon Arm, BC V1E 4P6

[salmonarmskatingclub@gmail.com](mailto:salmonarmskatingclub@gmail.com)

[www.saskatingclub.com](http://www.saskatingclub.com)

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

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| NAME OF SKATER: | FEMALE: \_\_\_\_ MALE: \_\_\_\_ |
| ADDRESS/CITY: | POSTAL CODE: |
| EMAIL: | DATE OF BIRTH: |
| NAMES OF PARENTS/GUARDIANS: | CONTACT PHONE NUMBER(S): |
| HEALTH CONCERNS: | CARE CARD # |
| Previously Registered with Skate Canada: YES or NO | Skate Canada Number, if known: |

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| PROGRAM | DATE | | TIME | | COST | |
| **PRE-CAN** | **Mar.** 18, 20, 21, 25, 27, 28 **Apr.** 1, 3 | | 3:30 - 4:00 PM | | $ 110.00 \_\_\_\_\_\_\_ | |
| **CANSKATE** | **Mar.** 18, 20, 21, 25, 27, 28, **Apr.** 1, 3 | | 3:30 - 4:15 PM | | $ 130.00 \_\_\_\_\_\_\_ | |
| **DROP IN FEE:** | Pre-Can/Session: $15 Canskate/Session: $18 | | | | | |
|  |  |  | |  | |  |
| INSURANCE & SKATE CANADA FEES | Paid once per skating year. (Sept to Aug) |  | | TOTAL DUE | | $ 38.00 \_\_\_\_\_\_\_  $ \_\_\_\_\_\_\_\_\_\_\_ |

**Family Discount of 10% off each registration starting with the third registered skaters. (NO discount on Insurance and Skate Canada Fee) Full Payment due at time of registration. Payment plan available upon request only.**

Preferred Way of Contact: TEXT: \_\_\_\_ EMAIL: \_\_\_\_ PAPER: \_\_\_\_

**PLEASE READ AND SIGN BELOW:**

I will not hold the SASC, their officers or employees responsible for injuries or property damages.

I will abide by the rules of Skate Canada and the SASC.

Refunds are granted on a case by case basis as determined by SASC. Medical documentation is required. Skate Canada Fees are non-refundable.

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| SIGNATURE | OFFICE USE ONLY |
| **AMOUNT PAID: SASC Initials:**  CASH $ CHEQUE $ # |