

Salmon Arm Skating Club Registration Form

Sicamous Winter 2020

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 PROGRAM RUNS JANUARY 10TH to MARCH 13TH

(No Skating FEBRUARY 7th)

Program:	Drop in Price:	Full Session Price:	Amount:
Powerskate	\$15	\$115	_____
Pre-Canskate		\$115	_____
Canskate		\$115	_____
Canstar	\$17	\$140	_____
StarSkate	\$20	\$160	_____
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- Friday- Jan 10th to Mar 13th @ 3:00PM to 3:30PM
Pre-Canskate- Friday- Jan 10th to Mar 13th @ 3:30PM to 4:00PM
Canskate- Friday- Jan 10th to Mar 13th @ 3:30PM to 4:00PM
Canstar- Friday- Jan 10th to Mar 13th @ 4:00PM to 5:00PM
Starskate- Friday- Jan 10th to Mar 13th @ 4:45PM to 6:00PM

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