



Skate

Spruce City Skating Club
Elksentre, Prince George

Season Year: _____
Program Registration

Last Name: _____ First Name: _____		Birth Date (day/month/year): _____
Street Address: _____		Postal Code: _____
Name of Parent or Guardian: _____		Phone Number: _____
Preferred Coach: _____		E-mail Address: _____
Family Doctor: _____	Doctor's Phone Number: _____	Physician's Health Number: _____
Known Medical Conditions (i.e. Allergies, Asthma, Diabetes, etc.): _____		

Mark [✓] section(s) that is applicable.

Season	Session	Level	Days	Fee
Fall	StarSkate	Pre-Junior	Monday	\$
Winter: Oct-Dec	Competitive	Junior	Tuesday	\$
Winter: Jan-Mar	CanSkate	Senior	Wednesday	\$
Winter: Oct-Mar	CanPower		Thursday	\$
Spring			Friday	\$
Summer			Saturday	\$
Total Program fees				\$

Registration Fees	Skate Canada Fee (paid only once a year at registration)	\$
	Book # _____ / _____ BC Skater's Lottery	\$
	BC Section Levy	\$
	Misc Fee	\$
Total Registration Fees		\$
Credit and/or Discount		\$
Total Owing		\$

There will be a \$20 surcharge on all NSF cheques.

It is agreed that the Spruce City Skating Club of the BC Section of Skate Canada, coaches, instructors and directors shall in no way be responsible or liable for any injury of any kind to parents or guardians, son or daughter or ward, arising out of or in the course of the operations of any of the Spruce City Skating Club Fall, Winter or Spring seasons. It is the intention of the parents or guardians to waive and release any and all claims of any kind whatsoever in law or equity of his or her above mentioned son or daughter or ward or minor on account of any injury or any kind arising out of or in the course of any operation of the Spruce City Skating Club.

Parent or Guardian Signature: _____	Date: _____
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It is agreed that my son/daughter may have occasion to have their name and/or photo published as a result of or in direct relation to activities publicized by the Spruce City Skating Club. I hereby waive and release any and all claims whatsoever in respect of such publications.

Parent or Guardian Signature: _____	Date: _____
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Office Use Only	FEES RECEIVED				Skater Registered with Skate Canada SC# _____	Skater Lottery Book [✓]: Returned _____ Money submitted _____
	Cash	Chq#	Chq#	Chq#		
	\$	\$	\$	\$		
Date						
Initial						