

# GRANDVIEW SKATING CLUB – REGISTRATION FORM FOR CAN-SKATE / ADULTS / TEENS

Trout Lake Membership Card YES \_\_\_\_\_ NO \_\_\_\_\_

SKATE CANADA #: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Pager # \_\_\_\_\_ CARE CARD: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Please attach any MEDICAL INFORMATION we should be aware of.

LAST BADGE PASSED: \_\_\_\_\_

*I understand that the GRANDVIEW SKATING CLUB, it's BOARD MEMBERS, COACHES and VOLUNTEERS are not responsible for any accidents, injuries or loss of personal belongings either on or off the ice at the AGRODOME, SUNSET ARENA, BRITANNIA ARENA, KITSILANO or RILEY PARK ARENA while attending skating sessions. I understand that the GRANDVIEW SKATING CLUB is not responsible for cancellation of classes due to unavailable ice, but will make every effort to reschedule, if at all possible.*

Signature of Parent, Guardian or Skater: \_\_\_\_\_ Date: \_\_\_\_\_

## GRANDVIEW SKATING CLUB POLICY:

**TO KEEP OUR FEES AS LOW AS POSSIBLE IT IS NECESSARY AS A CLUB TO FUNDRAISE.**  
 We are a non-profit organization run by a volunteer board of executives. In order to offset the high cost of ice fees and coaches expenses, we will occasionally hold events which promote fun while raising funds for the club. No additional fees will be added to your registration costs, but we do request that you support and participate in the events that are planned throughout the year. In fairness to all CLUB MEMBERS, please do your part to help.  
**\*FUNDRAISING EVENTS TO BE ANNOUNCED\***

**I HAVE READ & UNDERSTAND THE CLUB POLICY.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NO REFUNDS WILL BE ISSUED AFTER 1<sup>ST</sup> DAY OF SKATING** unless accompanied by a valid Medical Certificate. All refunds will be pro-rated. An administration fee of \$5.00 will apply to all refunds being processed.

CANSKATE:	Fall	Winter	Spring	Summer	ADULTS/ TEENS:	Fall	Winter	Spring	Summer
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

FOR CLUB USE ONLY:	FALL	WINTER	SPRING	SUMMER
RECEIPT DATE:				
REGISTRATION FEE				
Annual Skate Canada Membership Fee				
Fundraiser Fee				
TOTAL PAYABLE				
CLUB SIGNATURE:				

Paid by: Cash  Cheque

## FOR YOUR INFORMATION:

(Name) \_\_\_\_\_ has been registered for:  
 Canskate (Day) \_\_\_\_\_ (Time) \_\_\_\_\_  
 Adults/Teens: (Day) \_\_\_\_\_ (Time) \_\_\_\_\_  
 Commencing: \_\_\_\_\_

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**\*FUNDRAISING EVENTS TO BE ANNOUNCED\***

**NO REFUNDS WILL BE ISSUED AFTER 1<sup>ST</sup> DAY OF SKATING** unless accompanied by a valid Medical Certificate. All refunds will be pro-rated. An administration fee of \$5.00 will apply to all refunds being processed.

PLEASE REMAIN AT THE RINK DURING YOUR CHILD'S LESSON TIME. IF YOU FIND IT NECESSARY TO LEAVE, PLEASE DESIGNATE A RESPONSIBLE ADULT TO BE PRESENT IN CASE OF EMERGENCY.

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**Total Paid** \_\_\_\_\_ **Date Rec'd** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Chq.** \_\_\_\_\_ **Club Signature** \_\_\_\_\_