

GRANDVIEW SKATING CLUB – REGISTRATION FORM FOR HOCKEY SKILLS

Trout Lake Membership Card YES _____ NO _____ SKATE CANADA #: _____

LAST NAME: _____ FIRST NAME _____ BIRTHDATE: ____/____/____
Day Month Year

ADDRESS: _____ CITY _____ POSTAL CODE: _____

PHONE #: _____ CARE CARD: _____
Home # Cell # Pager #

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, BRITANNIA ARENA, KITSILANO ARENA, SUNSET ARENA 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 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 EVENT TO BE ANNOUNCED

I HAVE READ & UNDERSTAND THE CLUB POLICY.

Signature _____ Date: _____

NO REFUNDS WILL BE ISSUED AFTER 1ST 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.

HOCKEY SKILLS: Fall _____ Day Time <input type="checkbox"/>	HOCKEY SKILLS: Winter _____ Day Time <input type="checkbox"/>	HOCKEY SKILLS: Spring _____ Day Time <input type="checkbox"/>	HOCKEY SKILLS: Summer _____ Day Time <input type="checkbox"/>
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<u>FOR CLUB USE ONLY</u>	<u>FALL</u>	<u>WINTER</u>	<u>SPRING</u>	<u>SUMMER</u>
Receipt Date:				
REGISTRATION FEE				
Skate Canada Membership Fee				
Fundraising Fee				
TOTAL PAYABLE				
Club Signature:				

Hockey Skates, Helmets & Some Hockey Gear will be required.
 Hockey Sticks will NOT be used during this program.

Total Paid _____ Date Rec'd _____ Cash _____ Chq. _____ Club Signature _____