

**GRANDVIEW SKATING CLUB REGISTRATION FORM FOR JR. DEVELOPMENT**

SKATE CANADA #: \_\_\_\_\_ Male: \_\_\_\_ / Female: \_\_\_\_

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

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

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 TROUT LAKE ARENA, SUNSET 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: \_\_\_\_\_

**TO BE ELEGIBLE FOR THE JR. DEVELOPMENT PROGRAM:** *it is a requirement that the skater be assessed by one of our Professional Coaches. Upon the Coach's recommendation, the skater may then register for this session.*

**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 \$10.00 will apply to all refunds being processed.

JR. DEVELOPMENT:	Fall	Winter	JR. DEVELOPMENT:	Spring	Summer
_____	( )	( )	_____	( )	( )
_____	( )	( )	_____	( )	( )
_____	( )	( )	_____	( )	( )
<b>FOR CLUB USE ONLY:</b>	<b>FALL</b>	<b>WINTER</b>	<b>SPRING</b>	<b>SUMMER</b>	
RECEIPT DATE: _____					
Registration Fee					
Annual Skate Canada Membership Fee		\$28			
Fundraiser Fee					
<b>TOTAL PAYABLE</b>					
<b>Paid by:</b>	Cash / Cheque#	Cash / Cheque#	Cash / Cheque#	Cash / Cheque#	
<b>Club Signature:</b>	_____	_____	_____	_____	