

GRANDVIEW SKATING CLUB – REGISTRATION FORM FOR POWER SKATING

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.

NAME OF HOCKEY ASSOCIATION: (if applicable) _____

LAST POWER SKATING 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:

ANNUAL SKATE CANADA MEMBERSHIP FEE IS REQUIRED. (Non-refundable).
\$30.00 Less \$8.00 Grandview Skating Club Member Discount
Total Skate Canada Fee: \$22.00

FUNDRAISING IS NOT REQUIRED FOR THIS PROGRAM.

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.

FULL HOCKEY GEAR IS REQUIRED including hockey stick.

POWER SKATING:		FALL:	WINTER:	SPRING:	SUMMER:
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date	Time				

FOR CLUB USE ONLY:		FALL	WINTER	SPRING	SUMMER
RECEIPT DATE: _____					
<input type="checkbox"/>	cash				
<input type="checkbox"/>	cheque				
REGISTRATION FEE					
Annual Skate Canada Membership Fee					
Fundraiser Fee					
TOTAL PAYABLE					
CLUB SIGNATURE: _____					

FOR YOUR INFORMATION:

_____ has been registered for _____ Power Skating
 (Name) Commencing: _____

GRANDVIEW SKATING CLUB POLICY:

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FULL HOCKEY GEAR IS REQUIRED including hockey stick.

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. The \$22.00 Skate Canada Membership Fee is Non-refundable.

IF YOUR CHILD IS AT THE BEGINNER STAGE OR HAS NOT REACHED THE AGE OF 8, PLEASE REMAIN AT THE RINK DURING 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 _____