



**SHERWOOD PARKDALE SKATING CLUB  
CANSKATE REGISTRATION FORM  
JANUARY 2012**

Stage: \_\_\_\_\_

Circle Day(s): Sun Mon Thurs

PROGRAM	X	RESIDENT	X	NON-RESIDENT
CanSkate		<b>\$135</b> (2 days/week)		<b>\$195</b> (2 days/week)
		<b>\$110</b> (1 day/week)		<b>\$170</b> (1 day/week)

(Fee includes compulsory Skate Canada membership and insurance fee of \$33.00. This fee and the \$10.00 administration fee are non-refundable.. Fee for residents of the City of Charlottetown is reduced by the Minor Sport Subsidy of \$60.)

Skater's Full Name: \_\_\_\_\_ Gender M / F

Parents: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Are you a resident of the City of Charlottetown? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide street address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact (Name and Phone #) \_\_\_\_\_

Does the skater have allergies or a medical condition of which the Club should be aware in an emergency, or which could hinder/prevent the skater from participating in any exercise or lesson?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Was the skater a member of this Club last year? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, was the skater a member of another Club? Yes \_\_\_\_\_ No \_\_\_\_\_

Skate Canada Number: \_\_\_\_\_

Highest CanSkate Stage Level Completed: \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to be a member of the Sherwood Parkdale Skating Club. I hereby release the Club of responsibility in the event of an accident, damage incurred or articles lost or stolen while participating in activities of the Club. I have read and accepted the terms and conditions in this registration form.

\_\_\_\_\_  
(Signature of Parent/Guardian, or Skater if over 18 years old)

\_\_\_\_\_  
Date

Occasionally, representatives from the Club may take photographs of activities and the skaters to publish on the Club's website or newsletters. Do you give permission for your child to be included in these photographs? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to volunteer with Club activities? Yes \_\_\_\_\_ No \_\_\_\_\_

*Refunds will be considered only when requested in writing no later than the end of the second skating session or when accompanied by a medical certificate indicating illness or injury that prevents continuation of skating for the remainder of the season. Any skater who advances to a higher level (i.e. CanSkate to Junior) shall pay a portion of the higher fee in proportion to the amount of time remaining in the season.*

**OFFICE USE ONLY:**

Received by:	Receipt #	Cash Amt	Chq. Amt.	Chq. #	SC Registered