

**CANPOWER REGISTRATION**

Spring School

March 22<sup>nd</sup> – May 14<sup>th</sup> , 2010

.....

<input type="checkbox"/> Select	<input type="checkbox"/> Tuesday	4:45 to 5:30pm	\$ 76.00
	1 <sup>ST</sup> year hockey		
	<input type="checkbox"/> Wednesday	3:30 to 4:15pm	\$ 76.00
	2 <sup>nd</sup> & 3 <sup>rd</sup> year hockey		
	<input type="checkbox"/> Thursday	4:45 to 5:30pm	\$ 76.00
	Experienced hockey players 3 <sup>rd</sup> year and up		
	<b>Subtotal:</b>		_____
	* Skate Canada Membership		\$ 30.00
	* Insurance		\$ 7.00

\* These fees are mandatory and are to be paid yearly (Sept 1 – Aug 31)

**Total Owing:** \$ \_\_\_\_\_

Please note that the above levels are a guideline for placement of the skater. The skater may have to be moved to a different session if they are not at the same level as the other skaters in their group. This is to keep the sessions balanced so that all skaters in the group will benefit from the program.

.....

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email: \_\_\_\_\_  
Sex:  Male  Female      Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Skate Canada # \_\_\_\_\_  
Care Card # \_\_\_\_\_  
Parent / Guardian Name: \_\_\_\_\_

.....

I hereby absolve and save harmless the Sandy Shores Skating Club from any claim I may have as a result of the above mentioned participation in any program. I understand that figure skating, as well as with all sporting activities carry certain risks. I do assume all responsibilities and hazards incidental to this activity and hereby waive all claims that I may have against the aforementioned organization, and individuals, and I shall obey all rules laid out in respect to the Sandy Shores Skating Club.

I have read and understood all of the above:

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_, 2010

.....

Payment by: CHQ # \_\_\_\_\_ Cash \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp: \_\_\_\_\_

