

Junior Academy -REGISTRATION

Spring School

March 22nd – May 14th, 2010

.....
Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: (Home) _____ (Cell) _____

Email: _____

Sex: () Male () Female Age: _____ Birthdate: _____

Skate Canada # _____

Care Card # _____

Parent / Guardian Name: _____

The collection, use and / or disclosure of information are subject to the provisions of the Freedom of Information and Protection of Privacy Act.

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<u>MONDAY</u>	3:30 – 3:45	Stroking	26.00	_____
7 Sessions	3:45 – 4:15	Freeskate	40.50	_____
	4:15 – 4:45	Dance	40.50	_____

<u>TUESDAY</u>	3:30 – 3:45	Stroking	29.50	_____
8 Sessions	3:45 – 4:30	Freeskate	50.50	_____

<u>WEDNESDAY</u>	4:15 – 4:30	Stroking	29.50	_____
8 Sessions	4:30 – 5:15	Freeskate	50.50	_____

<u>THURSDAY</u>	3:30 – 3:45	Stroking	26.00	_____
7 Sessions	3:45 – 4:35	Freeskate	45.00	_____

<u>FRIDAY</u>	3:30 – 3:45	Stroking	19.00	_____
5 Sessions	3:45 – 4:15	Freeskate	32.50	_____
	4:15 – 4:45	Dance	32.50	_____

*SKATE CANADA and INSURANCE	37.00	_____
Associate Member Fee (non Club members)	70.00	_____

TOTAL: _____

* Skate Canada Membership Fees and Insurance are paid once per year. Please add if you have not already paid these dues Sept. 1, 2009 – August 31, 2010.

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

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Payment by: CHQ # _____ Cash _____

Credit Card _____ Exp: _____

