Abbotsford Skating Club

REGISTRATION FORM

Male: ☐
Female: ☐

SKATE CANADA Number: ____________________

Fall: ☐ Winter: ☐ Spring: ☐ Year: ____________

SKATER:
Surname First Name

ADDRESS:
CITY:
POSTAL CODE:
TELEPHONE: Home:
Work:
Fax:
EMAIL:
BIRTHDATE:
Month / Day / Year /
CARE CARD NUMBER:
PARENT'S NAME(S):
EMERGENCY CONTACT-NAME:
PHONE:
MEDICAL CONCERNS (if any):

HOME CLUB:
PREVIOUS HOME CLUB (if transfer):

COACH INFORMATION:
Name:
Phone:

FEES:

Session	Cost
TOTAL (ice &/or group):	
LESS - ice credits: PA, OP, ME	
SUBTOTAL:	
Skate Canada Membership:	
ICE SHOWS:	
TOTAL FEES OWING:	
Less Enclosed:	
Postdated Cheque #1:	
Postdated Cheque #2:	
Postdated Cheque #3:	
BALANCE OWING:	

I understand the ASC cannot be responsible for any loss, injury or damage sustained as a result of any of the Club's activities. No refunds. Cancellations due to medical reasons will be considered.

____
Parent/Legal Guardian Signature

For Office Use:
Date: ______________________________
Taken By: ______________________________

WINTER PAYMENT PLAN: 25% of the total cost is required with registration. Please ENCLOSE post-dated cheques as follows: Oct. 15 - 25%. Nov. 15 - 25%. Dec. 15 - 25%. Make cheques payable to ASC. There will be a charge of $25 for all NSF cheques