ABBOTSFORD SKATING CLUB
REGISTRATION FORM

Suite# 341-151-32500 South Fraser Way, Abbotsford BC V2T 4W1

MALE ☐
FEMALE ☐

NEW ☐ Skate Canada # _____

FALL ☐ WINTER ☐ SPRING ☐ Year _____

SKATER:	FEES	
Surname First Name	Session	Cost
ADDRESS:		
CITY:		
POSTAL CODE:		
TELEPHONE: Home		
Work		
Cell		
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:		

CHILDREN'S FITNESS TAX RECEIPT		**TOTAL (ice &/or group)**	
RECEIVED FROM:		LESS - ice credits:	
ELIGIBLE AMOUNT:			
DATE:	**AUTHORIZED BY:**	**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 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 Abbotsford Skating Club. There will be a charge of $25.00 for all NSF cheques.