

# ADULT CO-ED SKATING & SKILLS

## REGISTRATION FORM January – March 2018

This co-ed session for adults with Coach Mike Doucette will help to develop and improve hockey skills & techniques (Youth are able to attend with Coach approval)

Skater's Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact Name & #: \_\_\_\_\_

Care Card #: \_\_\_\_\_ Skate Canada #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_

I understand that the Mount Arrowsmith Skating Club assumes no responsibility for accident, injuries or loss of personal belongings and that in the event that immediate medical attention is required the Skating Club may take appropriate and timely action that in the opinion of the person(s) in attendance feel such services are necessary. I agree that Skate Canada and the Mount Arrowsmith Skating club may photograph, film and/or otherwise reproduce skater's likeness and authorize the use in all and any manner and media. I understand that completed registration forms and payment are required by the Skating Club before skaters are permitted on the ice.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Dates:**

Jan 10, 24 & 31

Feb 7, 14 & 28

Mar 7 & 14

Skate Canada Fee, Insurance & Registration \$ 115.00

◆ Wednesday 8:00 – 9:00 pm ◆  
Coulson Arena

Registration & Payment may be delivered to the MASC Office drop box at the Alberni Valley Multiplex or mailed to:  
Mount Arrowsmith Skating Club, PO Box 171, Port Alberni, BC V9Y 7M7

Office Use: Cheque#: \_\_\_\_\_ Cash: \_\_\_\_\_ SA: \_\_\_\_\_ SC: \_\_\_\_\_ L: \_\_\_\_\_ E: \_\_\_\_\_