

MOUNT ARROWSMITH SKATING CLUB

EXTREME STRIDE

POWER SKATING - AUGUST 13 – 24, 2018

REGISTRATION FORM

Ideal for players wanting to get a jump on the hockey season or preparing for team tryouts! Our high energy, Extreme Stride Power Skating Program is led by experienced, certified Instructors and is designed to improve skills, techniques & conditioning. Sessions focus on increasing power, efficiency, explosiveness & edge control. Full hockey gear required.

Skater's Name: _____

Parent/Guardian's Name: _____

Address: _____ Phone # _____

E-mail address: _____

Emergency Contact Name & #: _____

Care Card #: _____ Date of Birth: (Year-Mo-Day) _____

Doctor: _____ Dentist: _____

I understand that the Mount Arrowsmith Skating Club assumes no responsibility for accident, injuries or loss of personal belongings and that completed registration forms and payment are required before skaters are allowed on the ice. Coaches reserve the right to move skaters between Groups based on skill level and available space.

Parent Signature _____ Date: _____

Registration & Payment may be e-transferred to mtasc@telus.net 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

Please select:

**Group A – Mites, Novice, Atom House
5:00 – 6:00 pm**

- Week #1 (Aug 13-17) \$100.00
- Week #2 (Aug 20-24) \$100.00
- Both Weeks - \$160.00

**Group B – Atom Rep, PeeWee, Bantam
6:00 – 7:00 pm**

- Week #1 (Aug 13-17) \$100.00
- Week #2 (Aug 20-24) \$100.00
- Both Weeks - \$160.00

Skate both weeks & save!

Please note that regardless of age or hockey level, Coaches may place skaters based on skill level

Refund requests must be in writing and are subject to 15% administration fee. In the event of ice cancellations beyond the control of the club, we will not be offering alternate ice or refunds. \$35 fee charged for returned cheques. Register early, space is limited - schedule is subject to change

Office Use:	Cheque #: _____	Cash: _____	E-Transf: _____	SA: _____	SC: _____
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