

CANSKATE**2019 WINTER REGISTRATION FORM**

Jan 7, 2019 to March 6, 2019

Skater's Name: _____

Parent/Guardian's Name: _____ Phone/Cell: _____

Parent/Guardian's Name: _____ Phone/Cell: _____

Address: _____

City: _____ Postal Code: _____

E-mail addresses: _____

Emergency Contact Name & #: _____

Care Card #: _____ Skate Canada #: _____ Birthdate: _____

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 in the event that my child is in need of immediate medical attention the Skating Club may take appropriate and timely action that in the opinion of the person(s) in attendance feel such services are required. 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, Skate Canada fee is non-refundable & refunds are subject to 15% fee.

Parent Signature _____ Date: _____

Fees: (please select below)

Jan 7 – Mar 6, 2019

 1 Day per week (circle MONDAY or WEDNESDAY) \$ 80.00 \$ _____ **2 Days per week** (Monday & Wednesday) \$ 110.00 \$ _____ **Skate Canada Fee & Insurance** \$ 35.00 \$ 35.00**Total: \$** _____

**Yes, I would like my child to take part in the "Beatlemania" Ice Show
February 23, 2019 at 2:00 & 7:00 pm. There will be a costume fee of under \$40.**

◆ **Monday Sessions 5:30 – 6:15 pm and Wednesday Sessions 5:15 – 6:00 pm** ◆

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

Office Use: Cheque#: _____ Cash: _____ E-transfer: _____ SA: _____ SC: _____ L: _____ E: _____