Winter 2015
MEMBER APPLICATION FORM

First Name:	**Last Name:**
Address:	**Parents Name:**
	Phone Number/s:
Email:	
Highest Freeskate:	**Skate Canada #**_____
Coach:	

Waiver: The applicant does not hold the Dartmouth Skating Club responsible for injury or loss of personal effects while skating with the Dartmouth Skating Club.
Parent/s Signature: _____

Session	Day	Price
Skate Canada Fee $33.00 if you have not already paid this during Fall 2015		
Total		

Cheques

Cheque #1 – Oct 1st #_____	Cheque #2 – Nov. 1st #_____	Cheque #3 – Dec.1st #_____	Cheque #4- Dec. 15th #_____
Cheque #5 – Jan. 15th #_____	Cheque #6- Feb. 1st #_____	Cheque #7- Feb. 15th #_____	

- **I agree to allow the DSC to take pictures of my child to be used on the DSC website**
  YES☐ NO☐ Parent Signature_____
- **Please include full payment with your application form. Payment may be made with two equal payments, with cheque dates noted above.**
- **Cheques are to be made payable to the Dartmouth Skating Club.**

The Dartmouth Skating Club reserves the right to add, delete or modify sessions depending on registration.