

Please print

Skater's Name _____ Gender _____
Parent/Guardian's Name _____
Mailing Address _____
City _____
Province _____ Postal Code _____
Email Address _____
Telephone # (H) _____
Birth date: Day _____ Mo _____ Yr _____
Home Club _____
Coach's Name _____ Phone # _____
Allergies _____
Highest Complete CanSkate Level Passed: _____
Would you like private lessons ( Circle Yes or No )
Circle Day – Sunday, Tuesday
<b>Total Due:</b> _____

**Payment:** Payment must be made with a cheque or cash at the time of registration. Cheques must be made payable to the Dartmouth Skating Club

Payment – March 19 <sup>th</sup> Chq # _____	Second Payment – April 5 <sup>th</sup> ( if buying 2 or more days) Chq# _____
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- Note: A \$35 fee will be charged on all NSF cheques. Program fees will be refunded on a prorated basis (less a %25 administration fee) and only if medical reasons exist. All refund requests must be provided in writing to the program manager (Kyla McNeil Upton) within two weeks of the last skating session attended by skater prior to injury, illness or medical issue. [Kyla.upton.dsc@gmail.com](mailto:Kyla.upton.dsc@gmail.com)

**Waiver**

The applicant does not hold the Dartmouth Skating Club responsible for injury or loss of personal effects while skating with the club.

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