

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 \_\_\_\_\_  
Allergies \_\_\_\_\_  
Highest Complete CanSkate Level Passed: \_\_\_\_\_

Would you like private lessons ( Circle Yes or No )

**Circle Days** – Thursday, Friday and Sunday

Skate Canada Fee \_\_ \$40.00 \_\_  
Fundraising Fee \_\_ \$60.00 \_\_\_\_\_  
Session Fee \_\_\_\_\_  
**Total Due:** \_\_\_\_\_

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

**EMT** – [dartmouthskatingclubdsc@gmail.com](mailto:dartmouthskatingclubdsc@gmail.com) Password is Fallskating2019

1 <sup>st</sup> Payment August 30 <sup>th</sup> Chq # _____	2 <sup>nd</sup> Payment October 4 <sup>th</sup> Chq# _____	3 <sup>rd</sup> Payment Nov.8 <sup>th</sup> (If <b>buying 2 or more days</b> ) 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:** \_\_\_\_\_