

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 –Wednesday, Thursday 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 Password is Fallskating2019

1 st Payment August 30 th Chq # _____	2 nd Payment October 4 th Chq# _____	3 rd Payment Nov.8 th (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

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:** _____