

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 _____
Highest Complete Can Skate Level Passed: _____
Would you like private lessons (Circle Yes or No)
Circle Days – Tuesday, Thursday and Sunday
Skate Canada Fee __\$45.00 __ (If not already paid)
Fundraising Fee ____\$40.00 ____
Session Fee _____
Total Due: _____

Payment: Full payment must be made with a cheque, cash or EMT. Cheques must be made payable to the Dartmouth Skating Club. EMT Dartmouthskatingclubdsc@gmail.com Password: Winter2021

1 st Payment Dec 1 st Chq # _____	2 nd Payment Jan 3 rd Chq# _____	3 rd Payment Feb 3 rd (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:** _____