

TERRACE SKATING CLUB REGISTRATION

SKATERS NAME _____

ADDRESS _____

PHONE (H) _____ (W) _____

(C) _____

AGE _____ BIRTHDATE _____ M _____ F _____

SKATECANADA # _____

EMAIL ADDRESS _____

CARE CARD # _____

DOCTOR _____ PHONE NUMBER _____

TESTS PASSED: FS _____ D _____ S _____

REGISTRATION FEES: (ALL INCLUDE OFF ICE)

PRE-JUNIOR

3 DAYS PER WEEK \$220.00

REG. FEE DUE \$ _____

FAMILY DISCOUNT \$ _____ (2 OR MORE SKATERS \$30.00)

SKATECANADA FEE \$33.00 – NON REFUNDABLE

TOTAL AMOUNT DUE \$ _____

CHEQUES TO BE MADE PAYABLE TO THE TERRACE SKATING CLUB.

NSF CHEQUES SUBJECT TO A \$25.00 CHARGE.

PRE-JUNIOR

2011/2012 SEASON

OCT. 3 - DEC. 14

JAN. 4 – MAR. 28

PLEASE CIRCLE THE SET YOU ARE CURRENTLY REGISTERING FOR.
PLEASE RE-REGISTER AT THE END OF EACH SET. **ALL SESSIONS ARE FIRST COME FIRST SERVE.**

It is agreed that my son/daughter may have occasion to have their name and/or photo published as a result of indirect relation to activities publicized by The Terrace Skating Club. I hereby waive and release any and all claims whatsoever in respect of such publications.

DATED: _____ **SIGNATURE** _____

The Terrace Skating Club (TSC) is not responsible for failure to supply ice due to any mechanical defect or failure, strike or walk out, negligence or oversight of employees, fire or other casualty, act of God, or any other cause beyond the control of the club. We, the undersigned, give our approval for the above named skater to participate in the TSC's current season activities. We assume all risks and hazards incidental to such participation, including transportation to and from said activities and do hereby waive, release, absolve, indemnify any and all claims and agree to hold harmless the TSC, its organizers, agents, representatives, coaches, successors for any and all injuries suffered by the above applicant. We will abide by the rules and regulations laid down by the TSC.

DATED: _____ **SIGNATURE** _____

REFUNDS WILL HAVE A \$20.00 ADMIN FEE AND MUST BE A VALID MEDICAL CONDITION ACCOMPANIED BY DOCTORS VERIFICATION.

