



2009-2010 FALL/WINTER REGISTRATION FORM

Skater Information:

Last Name		First Name	
Street Address		Town	Postal Code
Home Phone Number		Email Address	
Membership Number	Gender	Birth date (MM/DD/YYYY)	
	1000444		
Health Card Number			

Parents/Guardian Information:

Mother – Name	Phone Number	Alternate Phone Number
Father – Name	Phone Number	Alternate Phone Number
EMERGENCY CONTACT	Phone Number	Alternate Phone Number

Highest level of Skating completed: CanSkate Badge: _____ FreeSkate:: _____ Dance: _____ Skills _____

PLEASE CIRCLE SESSIONS YOU WISH TO SKATE: Skaters Professional Coach:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
KidSkate	5:40-6:30			5:40-6:30 6:40-7:30	5:10-6:00	11:20-12:10 12:10-1:00
CanSkate	5:40-6:30			5:40-6:30 6:40-7:30	6:10-7:00	11:20-12:10 12:10-1:00
Intermediate	6:40-7:50	5:40-6:50	7:00-8:10			10:10-11:10
Senior	8:00-9:00	5:40-6:50	4:10-5:40	4:10-5:40		10:10-11:10
Advanced/Gold	4:10-5:30	4:10-5:30	5:50-6:50	7:40-9:00		
Adult/Teen			8:10-9:00			
Power		7:00-7:55 8:05-9:00			7:10-8:00	
Juvenile Synchro					4:10-5:00	
Competition Training						9:10-10:00

Payments

Amount due for this skater: _____

Family discount (if applicable) _____

Amount Due: (Session fee minus discount) \$ _____ + \$40.00 (Fundraising Fee)

Payment (please circle): Cheque Cash Visa Mastercard

I have read and agree with all the policies regarding behavior and attitude, policies and procedures. I will follow the rules and regulations of the Markham Skating Club as well as directions given on and around the ice by any of the professional staff and/ or volunteers appointed by the Club Executive. The MSC will not be held responsible for personal injury or loss of personal property. I authorize the MSC, in my absence, to obtain qualified emergency medical assistance in the case of an injury incurred during a session.

Signature of Skater _____ Date: _____ Signature of Parent/Guardian _____

I, _____, hereby consent to the Markham Skating Club to use any photographs, audio and / or video recordings of myself, or my children, listed above, as taken or produced by media personnel and/or Markham Skating Club members or volunteers for the purpose of skill improvement or the publicizing and promoting of the Markham Skating Club. I further waive any claim which I may have against Markham Skating Club arising from the use of such photographs, audio and /or video recordings of myself or my children, as aforesaid. This consent and waiver shall remain in effect for the duration of my or my children memberships in the Markham Skating Club unless otherwise revoked.

Signature: _____ Date: _____