2009/2010 REGISTRATION

ADULT/TEEN SKATE

Skater's Name: _____ _____ **M F**
First Last Circle One

Address: _____

Postal Code: _____ **Home Phone #:** ( ) _____

Date of Birth: ____ / ____ / ____ **Health Card #:** _____
Day Month Year optional

E-mail Address: _____

Name of Parents/Guardians: _____

Emergency Contact (other than parent): _____ **Phone #** _____

Any medical concerns?: _____

CSC Returning Member _____ **Other Club** _____
Skate Canada # Skate Canada #

Any previous skating experience _____

FEES

$200

Annual Fee (from column at left) $ _____
Skate Canada Membership Fee $ 31.00

TOTAL OWING $ _____

PAYMENT OPTIONS

Paid in Full _____ _____
Cash Cheque

Post Dated Cheques with a $50 non-refundable deposit $50 Cash Cheque

Post dated payment amount _____ Sept. 15/09
_____ Oct. 15/09
_____ Nov. 15/09
_____ Dec.15/09

_____
Parent/Guardian

_____
CSC Executive