



2009/2010 REGISTRATION

POWERSKATING



PrePower - Tuesday 5:30 - 6:20

Power - Tuesday 7:30 - 8:20

Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_

Skater's Name: \_\_\_\_\_ M F  
First Last Circle One

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Health Card #: \_\_\_\_\_ optional  
Day Month Year

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 #

Last Badge passed \_\_\_\_\_ Hockey/Ringette Level \_\_\_\_\_  
if applicable

**FEES**

\$230 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  
Parent/Guardian \_\_\_\_\_ Nov. 15/09  
\_\_\_\_\_ Dec.15/09  
CSC Executive \_\_\_\_\_