

SPRING 2010 REGISTRATION



POWERSKATING



PrePower - Monday 7:20 - 8:10

Power - Monday 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**

\$65

only payable if not a 2009/2010 member \$ \_\_\_\_\_ 31.00

TOTAL OWING \$ \_\_\_\_\_

**PAYMENT OPTIONS**

Paid in Full \_\_\_\_\_  
Cash \_\_\_\_\_ Cheque \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
CSC Executive