

RIVERVIEW SKATING CLUB

2011/2012 Registration



SKATECANADA
RIVERVIEW SKATING CLUB

Are you registered with Synchro Y N

S K A T E R	
Name:	
Skate Canada #:	
Address:	
City:	
Postal Code:	
Telephone:	
Parent/Guardian:	
Birth date:	Gender M F
Health Card #	Medical Conditions
E-mail:	

Sessions/Fees

Learn to Skate Programs	Session 1	Session 2	Session 3	Session 1	Session 2	Session 3
PreSchool Canskate	65	65	65	90	90	90
Canskate Sat	80	80	80	80	80	80
Canskate Wed	80	80	80	115	115	115
Canskate 2 Days	140	140	140	100	100	100
Junior Development	100	100	100	90	90	90
				90	90	90
				100	100	100
				40	40	40
				40	40	40
Fundraising						
Skate Canada	32					
Discounts						
TOTAL				32		

The applicant agrees to abide by the rules of the Riverview Skating Club and Skate Canada NS and agrees that Riverview Skating Club and its Board of Directors will not be responsible for any accidents or loss however caused and agrees to release the Board of Directors from all claims or damages which may arise as a result of or by reason of such accident or loss. SCNS shall not sell, Trade, rent or otherwise share contact information. I do give permission for photos of my child to be used for promotional purposes by Riverview Skating Club.

Signature of Applicant (18yrs or older, Parent or Guardian)

Date: _____