

## Aldergrove Skating Club Summer School Registration Form 2017

Summer is located at Centre Ice: 3600 Townline Road, Abbotsford, B.C.

ONLINE Registration: [www.aldergroveskatingclub.com](http://www.aldergroveskatingclub.com)

Mail Registrations to: P.O. Box 870, Aldergrove, B.C. V4W 2V1    email: [aldergroveskatingclub@gmail.com](mailto:aldergroveskatingclub@gmail.com)

<b>Skater's Surname:</b> _____	<b>Parent/Legal Guardian:</b> _____
Skater's Given: _____	Father's Surname: _____
Birthdate: _____ M/F	Given: _____
Address: _____	Mother's Surname: _____
City: _____	Given: _____
Postal Code: _____	Emergency Contact: _____
Phone: _____	Name: _____
Email: _____	Phone #: _____
Skate Canada #: _____	Care Card #: _____
Highest Level Freeskate Passed: _____	Health Problems: _____
Highest Level Dance Passed: _____	_____
Highest Level Skills Passed: _____	Coach's Name: _____
Highest Level Interpretive Passed: _____	Coach's Phone or email: _____

	Week 1: July 4–6	Week 2: July 10–13	Week 3: July 17–20	Week 4: July 24–27					
	Week 5: July 31–Aug 3	Week 6: Aug. 8–10	Week 7: Aug. 14–17						
SESSION	CIRCLE WEEKS ATTENDING			# OF DAYS ATTENDING	TOTAL				
<b>Monday</b> 8:00-9:15 – Open	2	3	4	5	7	\$19.00 X	= \$		
<b>Tuesday</b> 8:00-9:15 – Open	1	2	3	4	5	6	7	\$19.00 X	= \$
<b>Wednesday</b> 8:00-9:30 – Dance/Skills	1	2	3	4	5	6	7	\$22.00 X	= \$
<b>Thursday</b> 8:00-9:15 – Junior/Intermed	1	2	3	4	5	6	7	\$19.00 X	= \$
<b>Thursday</b> 8:45-10:00 – Intermed/Senior	1	2	3	4	5	6	7	\$19.00 X	= \$
**Purchase 14 sessions and receive a 10% discount = (minus \$ _____)									
<b>Total payable to Aldergrove Skating Club enclosed with Registration = \$</b>									

I understand that Skate Canada cannot be held responsible for any loss, injury or damage sustained as a result of any of the Club's activities. Sessions are subject to change. No refunds will be given without a doctor's note.

**Parent/Legal Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\* Summer Test Day will be: August 16 (Times TBA)**