

Aldergrove Skating Club Summer Session Registration Form 2018

Summer is located at Centre Ice: 3600 Townline Road, Abbotsford, B.C.
Mail Registrations to: P.O. Box 870, Aldergrove, BC V4W 2V1 or email: info@aldergroveskatingclub.com

Skater's Surname: _____ **Parent/Legal Guardian:** _____

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 3–5	Week 2: July 9–12	Week 3: July 16–19	Week 4: July 23–26					
	Week 5: July 30–Aug 2	Week 6: Aug. 7–9	Week 7: Aug. 13–16						
SESSION	CIRCLE WEEKS ATTENDING			# OF DAYS ATTENDING	TOTAL				
Monday 8:00-9:15 – Open	2	3	4	5	7	\$19.00 X	= \$		
Tuesday 8:00-9:15 – Open	1	2	3	4	5	6	7	\$19.00 X	= \$
Wednesday 8:00-9:30 – Dance/Skills	1	2	3	4	5	6	7	\$22.00 X	= \$
Thursday 8:00-9:15 – Junior/Intermed	1	2	3	4	5	6	7	\$19.00 X	= \$
Thursday 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 \$ _____)									
Total payable to Aldergrove Skating Club enclosed with Registration = \$									

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: TBA**