



2018/19 REGISTRATION FORM

1 - 2876 Fuller Lake Rd.
Chemainus, BC V0R 1K5

E-MAIL: flsc@fullerlakeskatingclub.org

www.fullerlakeskatingclub.org

SKATER'S INFORMATION (Please Print Clearly):

First Name: _____ Initial: _____ Last Name: _____

Date of Birth (Month/Day/Year): _____ Male Female

1. Parents'/Guardian Names: _____ Phone/Cell #: _____

2. Parents'/Guardian Names: _____ Phone/Cell #: _____

Mailing Address: _____ City: _____ Postal Code: _____

Please supply an email that is checked regularly as we depend on email for most of our communication.

Main Email: _____ 2nd Email: _____

Returning Member: Yes No Home Club (if NOT FLSC): _____ Skate Canada #: _____

1. Emergency Contact Name & Cell/Phone #: _____

2. Emergency Contact Name & Cell/Phone #: _____

Medical Conditions: _____

PROGRAMS:

CanSkate: Pre-CanSkate Mon both/or Fri CanSkate Pre Junior (Yellow)

Figure Skating: Junior Intermediate Seniors Intermediates & Seniors Only: 3 Days OR Mon Wed Fri

Power: PrePower Junior Power Thurs or Sat Senior Power

PAYMENT:

Program Cost: _____

Early Bird Discount (-10% on Pre/Canskate Programs ONLY): _____

Discount 3+ Kids (-10% on Program Cost): _____

Program Assistant Credit: _____

Skate Canada Insurance: \$38.00

Fundraiser - Purdy's Chocolates (Per Family): \$40.00

TOTAL DUE: _____

Payment Schedule	Chq#	Amount
September 5 th , 2018	_____	_____
November 15 th , 2018	_____	_____
January 15 th , 2019	_____	_____

A copy of this registration form, for receipt purposes, will be given upon request.

NOTE: ALL NSF CHEQUES ARE SUBJECT TO A \$20.00 CHARGE. IF TWO CHEQUES ARE RETURNED NSF, THEN PAYMENT IS REQUIRED IN THE FORM OF CASH, CERTIFIED CHEQUE OR MONEY ORDER. ALSO, NO REFUNDS AFTER NOVEMBER 30th WILL BE GIVEN.

YES NO I HEREBY GRANT PERMISSION TO FULLER LAKE SKATING CLUB TO PUBLISH COMPETITION RESULTS, TESTS PASSED OR PHOTOS IN LOCAL NEWSPAPERS, FLSC WEBSITE, FLSC FACEBOOK PAGE OR OTHER PRINTED PUBLICATIONS SUCH AS THE CLUB NEWSLETTER AND FLYERS. NO EXCEPTIONS.

RELEASE: WE HEREBY RELEASE THE FULLER LAKE SKATING CLUB, ITS BOARD, COACHES AND THE DISTRICT OF NORTH COWICHAN AND ITS EMPLOYEES FROM ANY AND ALL CLAIMS, ACTIONS, CAUSES OF ACTION AND/OR DAMAGES RESULTING FROM INJURY, THEFT, ACCIDENTS OR OTHER LOSS. HOWEVER, CAUSED INCLUDING THE JUMPING HARNESS. THE UNDERSIGNED AGREES TO ABIDE BY ALL RULES OF THE CLUB AND OF SKATE CANADA AS SET FORTH IN THE RULE BOOK OF THE ASSOCIATION AND TO BE RESPONSIBLE AND PAY PROMPTLY FOR ALL LESSONS BY THE SKATER NAMED ABOVE (OR PARENT).

SHOULD MEDICAL ATTENTION BE REQUIRED, I HEREBY GRANT CONSENT TO ANY PERSONS DIRECTLY ASSOCIATED WITH THE FULLER LAKE SKATING CLUB, IN WHICH MY CHILD IS A MEMBER, TO SEEK THE ATTENTION OF A MEDICAL OFFICER.

SIGNATURE OF PARENT/GUARDIAN (if skater is under 18 years of age)

DATE

CLUB SIGNATURE

