



ST. ALBERT SKATING CENTRE PRESCHOOL/CANSKATE/ADULT REGISTRATION FORM

Last Name		First Name		
Date of Birth (M/D/Y)		Email Address: (will be used for notices throughout the year)		
Phone #: (Home)		(Other)		
Address: Street		City		Postal Code
AB Health #				
Parent(s) name (please print): 1. _____ 2. _____				
<p>Waiver: I accept full financial responsibility for this application form. Further, I agree to abide by the Rules and Regulations of Skate Canada and the St. Albert Skating Centre (SASC) as set down by the Board of Directors. I agree that the SASC and/or their Directors and Coaches will not be held responsible for any accident or loss, however caused, and damages which may arise from such accident or loss.</p>				
<p>Freedom of Information: I hereby consent for my child to be photographed and that my child's name or photograph may be used in club newsletters or on the SASC website.</p>				
<p>Cancellation/Refund Policy effective June 1, 2009: 14 days before 1st class: Full refund 0-14 days before 1st class- Full refund less \$25 Administration fee 0-8 days after 1st class- Full refund less \$25 Administration fee and \$32.65 Skate Canada Fee* 8 or more days after 1st class- No Refund Available. Credit only with doctor's note.</p>				
This is to certify that the above information is correct and I agree to abide by the rules and regulation of the SASC.				
Signature: _____			Date: _____	
SESSION	DAY	TIME	SC Reg. Fee*	Total
September				
January				
April				
July				

The Skate Canada Registration Fee of \$32.65 is due once a year beginning on September 1st of every year

Where did you hear of our CanSkate program? _____

Office Use Only:

Payment Date	Amount Received	Cash OR	Cheque #	Receipt #	Total Owing	Received By:

