



## ST. ALBERT SKATING CENTRE POWERSKATING 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 #		Skate Canada #	
Have you attended our CanSkate program? Yes_____ No_____		Parent(s) names (please print): 1. 2.	
<p><b>Waiver:</b> 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><b>Freedom of Information:</b> 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><b>Cancellation/Refund Policy effective June 1, 2009:</b>            14 days before 1<sup>st</sup> class: Full refund            0-14 days before 1<sup>st</sup> class- Full refund less \$25 Administration fee            0-8 days after 1<sup>st</sup> class- Full refund less \$25 Administration fee and \$32.65 Skate Canada Fee*            8 or more days after 1<sup>st</sup> class- No Refund Available. Credit only with doctor's note.</p>			
Signature:		Date:	

**Age group: 8-13 years or passed our CanSkate program.**

SESSION	DAY	TIME	SC Reg. Fee*	Total
Fall-Winter				
Summer				

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

Where did you hear of our Powerskating program? \_\_\_\_\_

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