



**MEMBERSHIP FORM**  
**FALL & WINTER SESSION 2018/2019**  
 Email: fsjfsc@telus.net

**GENERAL INFORMATION OF SKATER**

<b>First Name</b>	<b>Last Name</b>	<b>Birth Date</b> M/____D/____Y/____ Age____ Gender: M____ F____
<b>Street Address</b>	<b>Phone # (h) or (c)</b>	<b>Phone # (w)</b>
<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
<b>Parent/Guardian's Name:</b>	<b>E-MAIL ADDRESSES (to be used to contact parents throughout the skating year)</b> PRIMARY: _____ SECONDARY EMAIL ADDRESS (IF NEEDED): _____	
<b>Has your child skated with our Club in the past?</b> YES                      NO	<b>Skater's Skate Canada #</b>	

**WHICH PROGRAM ARE YOU REGISTERING FOR? (PLEASE CIRCLE)**

<u>FALL CANSKATE</u>  MORNING    EVENING	<u>WINTER CANSKATE</u>  MORNING                  EVENING	<u>PRE STAR</u>  FALL	<u>PRE STAR</u>  WINTER
<u>STAR 1</u>	<u>STAR 1+</u>	<u>STAR 2</u> 4 DAY    5 DAY	<u>STAR 2+</u> 4DAY    5DAY
<u>STAR 3</u>	<u>STAR 4 &amp; UP</u>	<u>EXTRA MORNING ICE OPTION STAR 2 &amp; UP</u>	

**MEDICAL INFORMATION**

<b>BC Care Card #</b>	<b>Please list allergies and Other Information:</b>
<b>Name of Medical Doctor:</b>	<b>Telephone #</b>

**LIABILITY WAIVER**

*I hereby certify that I am the parent/guardian of the above skater and hereby understand and agree to the following as included:*

*I give permission for participation in Club activities and agree that I/we will abide by Skate Canada and FSJFSC rules and policies as outlined in the FSJFSC Parent/Skater Handbook. I also agree to pay all monies owing to the Club for lessons or expenses paid by the Club on behalf of the skater.*

*I acknowledge that a portion of the registration fee paid is allocated to Skate Canada and accidental insurance should any injury occur. I agree to hold harmless and release FSJFSC and Skate Canada for any liability for any personal loss, damage or injury of any kind that may be sustained by the skater in any manner while participating in Club activities. I further consent to any emergency procedures that may be deemed necessary by a licensed medical practitioner as a result of the skater's involvement in Club activities.*

*I give permission for the skater to be photographed, videotaped and/or included in publications or media coverage for promotion of the FSJFSC and skating sports.*

*I understand that all programs are based on number of registrations received and all ice times are subject to change. FSJFSC is not responsible for the cancellation of classes due to unavailable ice but will make every effort to re-schedule if at all possible. Failure to abide by Club Rules and Regulations may result in revoking of membership by the Club Executive without refund.*

*REFUNDS: Will be given if the FSJFSC is notified within the first 2 weeks of the program. A refund will be issued less a \$55 administrative fee.*

<b>Date:</b>	<b>Signature (Parent/Guardian if under age of 18)</b>	<b>Witness' Signature</b>
<b>OFFICE USE ONLY:</b>	<b>REGISTERED:</b> _____	<b>SKATE CANADA COMPLETE</b> _____

