



2009-2010 Registration Form

Skater's Name: _____

Please check the appropriate sessions below:

STARSKATE I

✓	<i>Day</i>	<i>Time</i>	<i>Program</i>	<i>Cost</i>	_____
<input type="checkbox"/>	Tuesday	3:45-4:45	StarSkate I	\$275*	_____
<input type="checkbox"/>	Thursday	3:45-4:45	StarSkate I		_____
<input type="checkbox"/>	Saturday	11:45-12:45	StarSkate I		_____

*Fee includes non-refundable \$33 Skate Canada Membership Fee & Insurance.

STARSKATE II – Choose Skills/Dance and one session of Freeskate

✓	<i>Day</i>	<i>Time</i>	<i>Program</i>	<i>Cost</i>	_____
<input type="checkbox"/>	Tuesday	5:30-6:15	StarSkate II Skills/Dance	\$400* for Skills/Dance and Freeskate	_____
<input type="checkbox"/>	Thursday	4:30-5:15	StarSkate II Freeskate		_____
<input type="checkbox"/>	Saturday	11:00-11:45	StarSkate II Freeskate		_____

*Fee includes non-refundable \$33 Skate Canada Membership Fee & Insurance.

ICE ONLY

✓	<i>Day</i>	<i>Time</i>	<i>Program</i>	<i>Cost</i>	_____
<input type="checkbox"/>	Tuesday	4:45-5:30	Jr Freeskate*	\$150	_____
<input type="checkbox"/>	Tuesday	6:30-7:30	Sr Freeskate*	\$190	_____
<input type="checkbox"/>	Tuesday	7:30-7:45	Stroking (Group Instruction Included)	\$100	_____
<input type="checkbox"/>	Thursday	4:45-5:15	Open Freeskate	\$100	_____
<input type="checkbox"/>	Saturday	9:00-9:45	Open Freeskate*	\$150	_____
<input type="checkbox"/>	Saturday	9:45-10:30	Open Ice*	\$150	_____
<input type="checkbox"/>	Saturday	10:30-11:00	Skills/Dance	\$100	_____

Less 10% for RPFSC skaters selecting 2 or more ice only sessions marked with “”: _____*

Skate Canada Membership and Insurance \$33
(only if not registered in StarSkate) _____

TOTAL:

Volunteer Participation Fee \$50 Chq #:
(separate cheque, post-dated to March 1, 2010)

<i>For Office Use Only:</i>	Name on Cheque: _____	Cheque #: _____
	Date Payment Received: _____	RPCC Member <input type="checkbox"/>

For Office Use Only:

SC _____

SC# _____

E-mail _____

Reg List _____



2009-2010 Skater Information Form

Last Name: _____

First Name: _____

Address: _____

City: _____

Postal Code: _____

Date of Birth: _____

(dd/mm/yy)

Gender: Female Male

E-mail: _____

★This is our main means of communication so please complete. If you don't have an email address, please indicate in the box.

Skate Canada Number: _____

Medical Number (MSP): _____

Parents' Names: _____

Phone Numbers: (H) _____ (C) _____

Emergency Contact Name: _____ Phone: _____

Please check one:

Returning RPFSC Member New RPFSC Member

Transfer from another club: *(specify club name)* _____

The Riley Park Figure Skating Club, its board members, volunteers and coaches are not responsible for any accidents, injuries or loss of personal belongings either on or off the ice at Riley Park Arena while attending our programs.

Riley Park is not responsible for cancellation of classes due to unavailable ice, but will make every effort to reschedule, if at all possible. Ice time is non-transferable. The Club is not responsible for supplying make-up time for sessions missed by the skater. Every attempt will be made to make up ice time that has been cancelled by the Club.

A fee of \$20.00 will be charged for any NSF cheques. Refunds will only be issued for medical reasons. All refunds will be pro-rated and subject to an administration fee of \$25.00. The \$33 Skate Canada Fee is non-refundable.

I have read these policies:

Signed: _____

(parent or guardian if minor child)

Date: _____

Photograph Permission:

I give permission for my child to be included in photographs and/or videos which may be used for publications, media coverage, club website or promotional activities for Riley Park Figure Skating Club.

Signed: _____

Date: _____