

PCFSC Registration Form 2018 - 2019

Skater's Name: _____

Skate Canada #: _____

Mailing Address: _____

Date of Birth: _____

Parent/Guardian: _____ Alternate contact: _____

Phone: _____ Alternate: Phone _____

Email: _____ Alternate Email: _____

The club and its employees are not responsible for any injury or loss of property sustained by the members while engaged in club activities. I assume responsibility for the physical fitness of my child concerning his/her ability to skate in the Port Carling Skating Club and hereby grant authority for medical aid to be administered if required. I understand that the club reserves the right to request a medical certificate indicating fitness to participate in their programs. They also reserve the right to remove a skater from the ice should there be concerns. I assume responsibility to ensure that my Canskater is wearing a CSA approved hockey helmet while on PCSC ice. I have read and understood this notice and hereby consent to enroll my child as a member under these terms. I have also hereby received a Club Membership Booklet, Skater's Code of conduct, Medical Form and Concussion Policy.

Parent/Guardian Signature: _____ Date: _____

I will / will not allow my child, _____ to be photographed for club events, which I acknowledge may appear on the club facebook page or in local papers.

Skating Fees - Circle Program Choice(s)

New Kidskate: Wed/Sat (circle one) \$155.00
Wed and Sat \$175.00

Canskate: Wed/Sat (circle one) \$265.00
Wed and Sat \$290.00

Intermediate Wed/Sat (circle one) \$370.00
Wed/Sat \$420.00

Note change: Wed/Fri/Sat(2nd yr skaters +) \$470.00

Senior: Monday only \$350.00
Mon/Wed/Fri (circle two) \$450.00
Mon/Wed/Fri \$500.00

Beginner Synchro
Club member \$280.00

Elementary Synchro:
Club member \$400.00

Juvenile Synchro:
Club member \$440.00

Pre-Novice Synchro:
Club member skating SR session \$470.00
Synchro only \$550.00

Note: Forms must be submitted prior to skater stepping on ice.

Full payment must be received by December 1, 2018

Postdated cheques dated for 1st /15th only

For Office Use	
Program Fee(s)	_____

Total Am't Owing	_____
Amount Paid	_____
Balance Owing	_____
Fundraising (Santa Skate duty) <input type="checkbox"/> \$100.00 (separate cheque postdated to Dec 03, 2018)	
PAYMENT DETAILS: CASH \$ _____	
Cheque date & #: _____	
Cheque date & #: _____	
Cheque date & #: _____	