



Didsbury Figure Skating Club

2011-2012 Registration Form

Skater's Name: _____ Skate Canada Number: _____
(first) (last)

Date of Birth: _____ Age: _____ Last Level Completed: _____
(yyyy/mm/dd)

Parent's Name(s): _____ Phone: _____
(home) (cell)

Mailing Address: _____ e-mail address: _____

Emergency Contact: _____ Phone: _____
(home) (cell)

Medical Concerns: _____

FOR OFFICE USE ONLY

Program: _____ Days per week: _____

Amount Received: _____ Date Received: _____

Cash Cheque

WAIVER

1. I understand and agree as a condition of participation in the programs offered by the Didsbury Figure Skating Club and Skate Canada, that the Executive, Coaches and Assistants shall not be liable for any injuries or accidents resulting from any of the activities associated with the Club whether on the premises or during travel to, from or while participating in skating practices, competitions or tests off of the Didsbury Figure Skating Club premises. I further agree that if my child requires any medical treatment during this skating season, and I am not present, I give my permission for the coaches to arrange for medical help.
2. I give my permission for the Didsbury Figure Skating Club to place my child's name and/or picture on arena bulletin boards, trophies, Carnival programs, newsletters, newspapers, websites and any other areas pertaining to the "skating world".

Parent or Guardian Signature

Date