



# Didsbury Figure Skating Club

## 2011-2012 STARSkate 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: \_\_\_\_\_

### Program Options

#### Basic Package:

(choose 1)

Modified STARSkate

STARSkate Level 1  
(Preliminary – Jr. Bronze)

STARSkate Level 2  
(Sr. Bronze – Jr. Silver)

STARSkate Level 3  
(Sr. Silver – Gold)

#### Additional Options:

Friday mornings (7:00-8:00 a.m.)

No school Fridays (9:00-11:00 a.m.)

(separate fee)

\* On no school Fridays, regular Friday morning practice is from 8:00-9:00 a.m.

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