

REGISTRATION DEADLINE SEPTEMBER 15, 2017

SKATER'S INFORMATION

Name: _____ Gender: M _____ F _____
 Birthdate: _____ Age: _____ Skate Canada #: _____
 Address: _____ Town: _____
 Postal Code: _____ Phone Number: _____

PARENT'S INFORMATION

Mother/Guardian Name: _____
 Phone Number: _____ Email: _____
 Father/Guardian Name: _____
 Phone Number: _____ Email: _____

SKATER'S REGISTRATION

*****SKATE CANADA FEES INCLUDED IN PRICE*****

HOME CLUB: _____ COACH (ES): _____

PRE CANSKATE STARTS

(2 YEARS AS OF DECEMBER 31, 2017)

STARTS OCTOBER 2, 2017

MONDAY 4:40-5:10
 WEDNESDAY 4:30-5:00

\$235.00 ONE DAY PER WEEK
 \$310.00 TWO DAY PER WEEK

IF ONE DAY PLEASE STATE WHAT DAY: _____

CANSKATE

(5 YEARS AND OVER AS OF DECEMBER 31, 2017)

STARTS OCTOBER 2, 2017

MONDAY 4:30-5:15
 WEDNESDAY 4:50-5:35

\$275.00 ONE DAY PER WEEK
 \$350.00 TWO DAYS PER WEEK

IF ONE DAY PLEASE STATE WHAT DAY: _____

SESSION ONE (INCLUDES 1/2 HOUR OFF ICE TRAINING)

(MUST HAVE PASSED STAGE 6 OF CANSKATE PROGRAM)

(SKILLS UP TO STAR 3, FREESKATE UP TO STAR 2, DANCE UP TO STAR 4 TO MOVE TO SESSION TWO)

STARTS SEPTEMBER 18, 2017

MONDAY 5:15-6:30
 WEDNESDAY 5:35-6:50

\$495.00 ONE DAY PER WEEK
 \$575.00 TWO DAYS PER WEEK

IF ONE DAY PLEASE STATE WHAT DAY: _____

SESSION TWO (INCLUDES 1/2 HOUR OFF ICE TRAINING)

(SKILLS UP TO STAR 5, FREELANCE UP TO STAR 5, DANCE-STAR 5 PLUS ALL SR. BRONZE DANCES)

STARTS SEPTEMBER 18, 2017

MONDAY 6:40-8:25
 FRIDAY 5:30-7:20

\$545.00 ONE DAY PER WEEK
 \$625.00 TWO DAYS PER WEEK

IF ONE DAY PLEASE STATE WHAT DAY: _____

SESSION THREE (INCLUDES 1/2 HOUR OFF ICE TRAINING) STARTS SEPTEMBER 18, 2017

(PASSED ALL STAR 5 LEVELS & SR. BRONZE DANCES OR OVER THE AGE OF 16)

MONDAY 7:35-9:20
 FRIDAY 4:00-6:00

\$545.00 ONE DAY PER WEEK
 \$625.00 TWO DAYS PER WEEK

IF ONE DAY PLEASE STATE WHAT DAY: _____

2 WEEK TRIAL

(MUST PAY FULL PROGRAM FEE MINUS 38.00 TO CONTINUE ON THE 3RD WEEK)

STARTS OCTOBER 2, 2017

UP TO 2 DAYS A WEEK FOR 2 WEEKS

\$38.00 SKATE CANADA FEE

I hereby apply for membership in the Norwich & District Skating Club (NDSC). I agree to be governed by its rules, policies and regulations. The NDSC will not be responsible for any injury, loss of equipment or personal belongings sustained by me as a member of NDSC. The NDSC recommends that all children wear a protective helmet. I understand that I will be asked to participate in club fundraising events during the year, as fees do not cover all expenses.

DATED: _____ SIGNATURE OF PARENT/GUARDIAN: _____

FAMILY RATE

(HIGHEST LEVEL SKATER TO LOWEST LEVEL SKATER)

THIRD SKATER – LESS \$150.00

FIRST TWO SKATERS REGULAR FEE

LESS \$100.00 FOR EVERY ADDITIONAL SKATER

FOR ADMINISTRATION USE ONLY

VOLUNTEER FEE \$200.00 PER FAMILY OR \$100.00 FOR SINGLE SKATER IN PRE-CANSKATE -1 CHEQUE POST DATES FEB. 1, 2018

Post dated Cheques

September _____
 October _____
 November _____
 December _____

TRIAL SKATER

SKATER'S FEE _____

LATE FEE _____

VOLUNTEER FEE: AMOUNT RECEIVED _____ CHECK _____ CASH _____ TOTAL FEE _____

RECEIVED BY: _____ FEE PAID: CASH _____ CHEQUE _____