

Yellowknife Skating Club **SUMMER SCHOOL Registration Form (2011)**

Complete & mail to YELLOWKNIFE SKATING CLUB, PO BOX 1918, Yellowknife, NT X1A 2P4
Or scan and send via eMail to: ykssummer@gmail.com

- 1. **Senior Program**
of weeks: STARTING DATE: Monday, \$ _____
- 2. **Senior Dance / Skills Sessions**
of weeks: STARTING DATE: Monday, \$ _____
- OR
- 2. **Intermediate Program**
of weeks: STARTING DATE: Monday, \$ _____
- OR
- 3. **Junior Jump Start Program**
of weeks: STARTING DATE: Monday, \$ _____
- OR
- 4. **Alternate Program – 1 session a day**
of weeks: STARTING DATE: Monday, \$ _____
- OR
- 6. **Alternate Program – 2 sessions a day**
of weeks: STARTING DATE: Monday, \$ _____
- 7. **ADMINISTRATION FEE:** (non-refundable) \$25.00 , \$ _____
- 8. **Non YKSC Membership Fee** (10% of Program fees) , \$ _____
- 9. **Skate Canada Membership Fee** (skaters not currently registered) \$30.00.....\$ _____

Total Fees Owning : **TOTAL \$** _____

Total Fees Paid .(Payment # 1) \$ _____ **Balance of Fees Due by July 1st (Payment # 2) \$** _____

(One half of total fees due upon registration. Remaining fees due by July 1st)

PAYMENT # 1

CIRCLE METHOD OF PAYMENT: VISA MASTERCARD CHEQUE MONEY ORDER

NAME ON CREDIT CARD: _____

CREDIT CARD # _____ EXPIRY DATE _____/_____/_____

SIGNATURE OF CREDIT CARD HOLDER: _____

PAYMENT # 2

CIRCLE METHOD OF PAYMENT: VISA MASTERCARD CHEQUE MONEY ORDER

NAME ON CREDIT CARD: _____

CREDIT CARD # _____ EXPIRY DATE _____/_____/_____

SIGNATURE OF CREDIT CARD HOLDER: _____

Make cheques payable to: Yellowknife Skating Club

SKATER NAME: _____ **GENDER:** M/F

DATE OF BIRTH: ____/____/____ **Month/Day/Year** **AGE:** _____

FULL MAILING ADDRESS: _____

Email Address (PLEASE PRINT CLEARLY) _____

Home Phone #: _____ **Alternate Phone #:** _____ **Emergency Phone #:** _____

Parent/Guardian Names: _____

Skate Canada # _____ **Health Card #:** _____

Home Club _____

TEST LEVEL PASSED OR EXPECTED TO BE PASSED BEFORE SUMMER:

Skills _____ Dance _____ Competitive _____

Freeskate Elements _____ Freeskate Program _____

***Please contact coach(es) before booking lessons.* PLEASE BOOK LESSONS PER WEEK AS FOLLOWS:**

# LESSONS / WEEK	TYPE	NAME OF COACH
_____	Skills Lessons	with _____
_____	Dance Lessons	with _____
_____	Freeskate Lessons	with _____
_____	Choreography Lessons	with _____
_____	Harness Lessons	with _____

WAIVER

In consideration of the benefits awarded by the acceptance of this application, the applicant agrees to hold and save harmless, the Yellowknife Skating Club, for any claims and injuries sustained during sessions, or for loss of property. In the event of mechanical failure or cancellation of the reservation by the applicant, there shall be no entitlement to refund except in the sole discretion of the Club. This applicant also agrees to abide by all rules of the Club and of Skate Canada as set forth in the Rule Book. I also fully understand and agree to the cancellation and late payment procedures as outlined.

Date: _____ **Signature of Parent / Guardian:** _____

****RECEIPTS AND ALL OTHER PERTINENT INFORMATION WILL BE SENT BY EMAIL. ****

ILLNESS OR INJURY

In case of Sickness or injury, I give my permission for the Yellowknife Skating Club Coaches and or Administrators to seek medical attention from:

Physician Name _____ Physician or Clinic Phone # _____

Signature of Parent or Guardian(or skater if 18 yrs or older) : _____

Date: _____

HOME CLUB: Please take note that "Home Club" means a Club that is affiliated with Skate Canada. All skaters who take Skate Canada tests must be members of Skate Canada through a Member Club and obtain a registration number, or pay the membership fee and we will register you accordingly.

The skater named on this application is hereby granted permission to take Skate Canada tests at the Yellowknife Skating Club Summer Skating School and may skate in sanctioned competitions held during this summer session.

Signature of HOME CLUB OFFICIAL _____

TITLE _____ HOME CLUB NO. _____

HOME CLUB ADDRESS: _____