



**Brockville Figure Skating Club
P.O. Box 1327, Brockville, ON, K6V 5Y6**

Registration Form – Fall School - September 8 – October 11, 2009

Skater Information (please print clearly)

Surname	First Name	Sex	Birthdate	Skate Canada #	Level
_____	_____	M / F	_____	_____	_____
_____	_____	M / F	_____	_____	_____
_____	_____	M / F	_____	_____	_____

Address: _____ City: _____ PC: _____

Note: User fee applies to all non-residents of Brockville or Elizabethtown Township. User Fee Number: _____

Home Phone: _____ E-mail: _____

Home Club: _____ Medical Conditions: _____

Parent / Guardian Information:

Fathers Name: _____ Work or Cell Phone: _____

Mothers Name: _____ Work or Cell Phone: _____

Programs:

Pre-Junior Tuesday & Thursday 5:10 – 5:50 \$190

Starskate (Into & Up) Monday, Tuesday & Thursday 4:00 – 5:20 \$290

*** Schedule and fees subject to change, due to registration ***

Release: The applicant waives all rights, claims or causes of action against the Brockville Figure Skating Club, its officers, directors, coaches or members for personal injury or loss of property of any kind however and whenever sustained. I consent to discipline on the ice by any of the BFSC Professional coaches. Anyone who gives a false address will have his or her membership cancelled immediately without reimbursement. It is further understood that photographs taken during this time period may be used with your child's name for promotional purposes for BFSC on the bulletin boards, website or media release. Cancellation must be supported by a doctor's note.

Signature: _____ Date: _____

To be completed by BFSC Representative

No. of Skaters		Amount
_____	X \$190 Pre-Junior	_____
_____	X \$290 Starskate	_____
_____	X \$30 Skate Canada Fee	_____
	Total	_____
	Less Credits	_____
	Total Due	_____

Payment Method: Cash _____ Cheque # _____