



# Mission Skating Club

P.O Box 3337, Mission B.C. V2V 4J5  
 Phone: 604-826-9373  
 www.missionskatingclub.com

## PRIVATE LESSON REGISTRATION FORM

**Date:** \_\_\_\_\_ **Skate Canada Number:** \_\_\_\_\_

**Skater's Surname:** \_\_\_\_\_ **Skater's First Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Personal Health Number:** \_\_\_\_\_

**Gender:** Male \_\_\_ Female \_\_\_ **Medical Alert:** \_\_\_\_\_

**Skater's Address:** \_\_\_\_\_ (City) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Secondary Emergency Contact:**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Relationship to Skater:** \_\_\_\_\_

**Coach's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

PRIVATE LESSONS: DAY	SESSION (type and time)	AMOUNT
Mon. Tues. Wed. Thurs. Fri. Sat.		
Mon. Tues. Wed. Thurs. Fri. Sat.		
Mon. Tues. Wed. Thurs. Fri. Sat.		
Mon. Tues. Wed. Thurs. Fri. Sat.		
Mon. Tues. Wed. Thurs. Fri. Sat.		
Mon. Tues. Wed. Thurs. Fri. Sat.		
	SKATE CANADA/SAFE SPORT FEES:	\$36
	TOTAL:	
	P.A. or other ( _____ ) —CREDITS:	
	TOTAL FEES OWING:	

**NO REFUNDS** Cancellations due to medical reasons will be considered if submitted in writing to the MSC executive.

Skater/Parent/Guardian Signature: \_\_\_\_\_

Today's Cheque # \_\_\_\_\_ for \$ \_\_\_\_\_ (40%), Oct. 1st Cheque # \_\_\_\_\_ for \$ \_\_\_\_\_ (30%), Nov. 1st Cheque # \_\_\_\_\_ for \$ \_\_\_\_\_ (30%)

**A penalty of \$30 will be charged for all NSF cheques.**

Music Form \_\_\_\_\_ & Bond Cheque # \_\_\_\_\_ Volunteer Form \_\_\_\_\_ & Bond Cheque # \_\_\_\_\_ Media Waiver Form \_\_\_\_\_

**Paid in full** by CASH \_\_\_\_\_ or Cheque# \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_ (MSC representative)

(Revised July 3, 2018)