

Mission Skating Club

P.O Box 3337, Mission B.C. V2V 4J5

Phone: 604-826-9373

www.missionskatingclub.com

PROGRAM 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: _____

PROGRAM	SESSION (Check One)	COST
STARSKATE	Fall Winter Spring	
CANPOWER Level 1	Fall Winter Spring	
CANPOWER Level 2 3 4 5 (Check one)	Fall Winter Spring	
CANPOWER ADULT	Spring	
SPECIAL OLYMPICS	Fall / Winter:	
	Skate Canada and Safe Sport Fees:	\$36
	TOTAL:	
	— CREDITS: Please specify (_____):	
	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: _____

Paid in full by Cash ___ OR Cheque # _____ A penalty of \$30 will be charged for all NSF cheques.

Media Waiver Form Completed: _____

ACCEPTED BY: _____ (MSC representative)

(Revised July 3, 2018)