



West Lincoln Skating Club Registration Form
STAR Skate Programs



Last Name:		First Name:	
Birth Date: yyyy/mon/day		Skate Canada Number:	
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Health Card Number:	
Street Address:			
City:		Postal Code:	
E-mail Address:		Name(s) of (primary) Parent(s) / Guardian(s):	
Home Phone:	Cell Number #1:	Cell Number #2:	
Emergency Contact:	Relationship to Skater:	Phone Number:	
Base Coach:	Team Coach(s) / Dance Coach:	Home Club if other than WLSC:	

	Tuesday	Wednesday	Saturday	Misc/Notes	Subtotal
STAR 1 (Pre-Junior)	NA	NA	X	1D \$300	
STAR 2 (Intermediate)	X	X	X	2D \$500 / 3D \$600	
STAR 3+ (circle day(s))	X	X	X	2D \$500/ 3D \$600	
Payment for the full amount must accompany the registration form. Cheques may be post dated for the 15 th of September through February 2018. NSF cheques are subject to a \$20 administration fee and are to be replaced with certified cheque, money order or cash. The WLSC reserves the right to make schedule & program adjustments AND move skaters based upon registration numbers. First come, first serve basis.	Subtotal				
	Multi Family Member Discount(\$20)				
	Skate Canada Fee (Sept 1 - Aug 30)				\$35
	Safety in sport fee				\$ 3
	Fundraising Lottery Book (one/family)				\$40
Total (grand total for family if app)					

Older Sibling (s) Name & Program if applicable: _____

Waiver: I have read the parent/skater Code of Conduct, I agree to the code and have discussed it with my child. I have read the terms and conditions. I agree to release The Township of West Lincoln, WLSC, its Board, Coaches and Instructor members from any and all claims for damages, injury costs, actions suits or proceedings, loss of property and accidents including those while using the jumping harness or exercise or any other loss however caused. The Skate Canada Fee is non-refundable. **No refunds after the 3rd week of any session.**

I agree to allow West Lincoln Skating club to use images of me/my child to promote WLSC activities.

Parent/Guardian Signature _____

Date _____

Office Use Only

Skate Canada Registration Verified _____

New Skate Canada Member Number _____

Lottery Book Number _____

Last Payment Date is February.

Tax Receipts will be made for payments made by December only.

Payment Number / Date	Payment Type (chq #)	Payment Amount	Balance Owing

STAR 1 (Pre-Junior)	X		X	2D \$500	
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