

Bridgewater Skating Club 2010 Fall School Application

Skater's Name: _____ Male / Female (circle)

Date of Birth (dd/mm/yy): ____/____/____ Health Card #: _____

Home Club: _____ Skate Canada #: _____

Parent/Guardian Name: _____

Home Address: _____

E-mail: _____ Phone #: _____

Emergency Contact: Name: _____ Phone #: _____

CanSkate/CanHockey Programs	Price	
CanSkate (4 weeks)	\$90	
CanSkate Extreme (4 weeks)	\$90	
CanHockey (4 weeks)	\$85	
Second family member 10% discount		- \$
Total		\$

STARskate Programs	Price	
Tuesdays Package A (5 weeks)	\$ 85	
Tuesdays Package B (5 weeks)	\$ 85	
Tuesdays Package C (5 weeks)	\$170	
Thursdays Package D (6 weeks)	\$100	
Thursdays Package E (6 weeks)	\$100	
Thursdays Package F (6 weeks)	\$200	
Saturdays Package G (5 weeks)	\$110	
Saturdays Package H (5 weeks)	\$110	
Saturdays Package I (5 weeks)	\$160	
Sundays Package J (5 weeks)	\$140	
Second family member 10% discount		- \$
Multiple days discount (2 days/wk 5%, 3 or 4 days/wk 10%)		- \$
Skate Canada 2010-11 fee (BSC members only) \$30		\$
Total		\$

Please send completed application form with cheque or money order made **payable to the Bridgewater Skating Club by August 20, 2010** to:

Sharon Conrad
27 Smith Ave
Bridgewater, NS
B4V 1Y2

Parent/Guardian Waiver and Permission: In consideration of the Bridgewater Skating Club Fall School accepting my child as a participant, I agree not to hold the School, the Club or any individual responsible for any injury or loss of personal effects while attending the School and my registration will only be accepted under these conditions.

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

Photo Waiver: I grant permission to the Bridgewater Skating Club to display or use for promotional purposes any photographs taken of the skater and/or family members, and waives/releases any claim related to such use.

Signature: _____ **Date:** _____