

Bridgewater Skating Club 2011 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	
CanHockey – Session 1 (4 weeks)		\$85	
CanHockey – Session 2 (4 weeks)		\$85	
CanHockey – Both Sessions 1 and 2		\$140	
Second family member 10% discount			- \$
Total			\$

STARskate Programs		Price	
Tuesdays Package A (6 weeks)		\$150	
Thursdays Package B (6 weeks)		\$150	
Saturdays Package C (5 weeks)		\$110	
Saturdays Package D (5 weeks)		\$110	
Saturdays Package E (5 weeks)		\$160	
Second family member 10% discount			- \$
Multiple days discount (2 days/wk 5%, 3 days/wk 10%)			- \$
Skate Canada 2011-12 fee (BSC members only) \$32			\$
Total			\$

Please send completed application form with cheque or money order made **payable to the Bridgewater Skating Club** by August 29, 2011 to:

P.O.Box 395
Bridgewater, NS
B4V 2X6

Email:
bridgewater skating club@gmail.com

Website:
www.bridgewater skating.com

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:** _____