**Clive Figure Skating Club**

Pd chk#\_\_\_,\_\_\_ cash\_\_\_\_\_

 **Registration Form 2024-2025**

Name (participant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CFSA#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardian Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AHC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre-Canskate:** 2-4yrs (full season)

Tuesdays & Thursdays **$150 \_\_\_\_\_**

**Canskate :** (3yrs and up, full season)

Tuesdays & Thursdays **$250 \_\_\_\_\_**

**Pre-Starskate:** (full season)

Tuesdays & Thursdays **$350\_\_\_\_\_**

**Starskate:** (full season)

Tuesdays & Thursdays **$600\_\_\_\_\_**

**Carnival Volunteer Bond:** $100 fee **Cash\_\_\_\_\_\_\_\_\_\_\_\_\_Cheque\_\_\_\_\_\_\_\_\_\_\_\_\_\_Etransfer\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total: \_\_\_\_\_\_\_\_\_\_\_\_ Please** make cheques payable to: **Clive Figure Skating Club** (Volunteer bonds need to be on a separate post dated cheque)

(For payment options or funding applications please speak with Patty Bothner Registrar)

**\*NSF cheques will be charged a fee of $20.00 and your skater will not be allowed to skate until full payment has been received. A CSA approved helmet is required for all Canskate programs.**

**Participants/Parents Release**

I consent to the known and foreseeable physical risks inherent in the sport of figure skating. These risks include but are not limited to: travel to and from the arena, ice and facility conditions, equipment failure, falls, collisions with other participants and instructors. In assuming these risks, I, the undersigned, forever release the Clive Agricultural Society, operators of the facilities, and their employees/volunteers, the Host Club, Skate Canada and those acting on their behalf from any claim arising from any illness or injury to my person or my child as a result of our participation in this activity. I also authorize the club to distribute my phone number and/or email address among members for club use only. I authorize the use of pictures/publications taken of myself and or my child/children during a skating practice or event for club purposes/publications.

***Consent for information exchange: I consent \_\_ do not consent \_\_ to having my contact information shared with the rest of the Clive Figure Skating Club. (We would like to be able to share email/contact information to other club members should you or they need to contact each other.)***

Participant’s Signature (18 yrs old or older) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature:

Print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_