

GSS - Registration Form 2009

T-Shirt Size: Youth S M L XL Adult S M L XL (please circle one)

Skater's Name: _____ Date of Birth: _____

- Week 1: June 29, 30th, July 2, 3rd - 4 days only 9:00 - 1:00 pm \$150.00
- Week 2: July 6th - 10th, 9:00 - 4:30 pm \$245.00
- Week 3: July 13th - 17th, 9:00 - 4:30 pm \$245.00
- Week 4: July 20th - July 24th, 9:00 - 4:30 pm \$245.00
- Week 5: July 27th - July 31st, 9:00 - 4:30 pm \$245.00
- Week 6: August 4th - August 7th, 9:00 - 4:30 pm (no skating August 3rd) \$210.00
- Week 7: August 10th - August 14th, 9:00 - 4:30 pm \$245.00
- SPECIAL RATE: Full 7 Week Program, \$1425.00
- Week 3: SKATING SKILLS for Hockey/Ringette 10:00 - 5:30 pm, \$245.00
- PAIR/EXTRA ICE: Week 1 & 6- \$60.00, Weeks 2,3,4,5,7- \$75.00

please indicate weeks desired

SubTotal: _____
Plus 5% GST: _____
 Total: _____

Address _____

Postal Code _____

Method of Payment

- Cheque payable to Georgina Summer Skate
- Cash
- Visa - To be processed by Skater's Edge in Newmarket
- MasterCard - to be processed by Skater's Edge in Newmarket
- American Express - to be processed by Skater's Edge in Newmarket

Email Address _____

Phone # _____

Credit Card # _____ Expiry Date _____

Signature _____

Information

Skate Canada # _____

The applicant and parent/guardian agrees that the Georgina Summer Skate and its proprietor will not be held responsible for any accident, loss or injury, however caused, and to release the proprietors from all claims or damages, which may arise as a result of such accident, loss or injury. In case of emergency, I hereby give permission to seek out medical treatment my child may require. I agree to inform the director if I choose not to allow any pictures of my skater to be used for publicity purposes on brochures or the website. I also agree to the terms of the application.

Signature (parent or guardian if applicant is under the age of 19) _____

Emergency Contact Information

Emergency contact Name: _____

Relation to skater: _____

Emergency contact phone: (home) _____

(work) _____

Please list any food allergies or special concerns (if applicable):

Space is limited. To avoid disappointment, please ensure your form is in early.

Please return all registrations to: 224 Wynhurst Rd., Keswick, ON, L4P 2R5

Private Coach Info: _____

If your coach is not currently on staff with us, please provide us with their name and address. We will send them a copy of your schedule and a confirmation of the weeks you are skating.

Coach's Name: _____

Email Address: _____