



White Rock South Surrey Skating Club

12851 16th Ave, P.O.Box 45063

Surrey, BC. V4A 9L1

604-538-0109 info@wrsssc.com www.wrsssc.com

Program Registrar: Whitney Mitchell (604) 542-0742

Spring 2010 Registration
March 30 - June 3 (10 weeks)

CanSkate

SKATER INFORMATION		
Skater Name		Male/Female
Address		City
Postal Code		Phone
Have you ever been a member of Skate Canada? <input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, what is your Skate Canada number?	Date of Birth (mm/dd/yy)

CONTACT INFORMATION
Name of Parents/Guardians (please print)
Parents' email address
Emergency Contact (please print name & phone number)
Does your child have any medical conditions that could affect their participation in skating lessons? <input type="checkbox"/> NO <input type="checkbox"/> YES (Please describe)

*I understand that the White Rock South Surrey Skating Club (WRSSSC), its operators and affiliated staff accept no responsibility for injury or losses however caused, and that a responsible person **MUST** be at the arena during all skating times.*

Signature of Parent/Guardian

Date

PAYMENT INFORMATION	
Total Spring Ice Fees	
Name of Payer (for Children's Fitness Tax Credit)	
Payment Method	<input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card

Skater Name: _____ Age: _____

Last CanSkate Stage Passed _____ or Parks & Rec Level _____

CanSkate Options (Choose One)

Session 1 For skaters working on CanSkate Stages 1-3
Session 2 For skaters working on CanSkate Stages 4-7

Day	Time	Program Details	# of classes	Cost	✓ Select
Tuesday AND Thursday	4:00-4:45 pm	Twice per week SESSION 1	20	160	<input type="checkbox"/> \$
Tuesday AND Thursday	4:45-5:30 pm	Twice per week SESSION 2	20	160	<input type="checkbox"/> \$
Tuesday Only	4:00-4:45 pm	Once per week SESSION 1	10	90	<input type="checkbox"/> \$
Thursday Only	4:00-4:45 pm	Once per week SESSION 1	10	90	<input type="checkbox"/> \$
Tuesday Only	4:45-5:30 pm	Once per week SESSION 2	10	90	<input type="checkbox"/> \$
Thursday Only	4:45-5:30 pm	Once per week SESSION 2	10	90	<input type="checkbox"/> \$

TOTAL ICE FEES \$ _____

SKATE CANADA FEE \$ _____

(Annual fee \$30 – due only if **not** registered with a Skate Canada club in Fall/Winter 2009-10)

TOTAL \$ _____