

REGISTRATION FORM CSA SPRING INTERSESSION 2009

Skater Name:
Parent/Guardian Name:
Address:
Phone #:
Email Address:
Date of Birth:
Health Card #:
Medical Conditions (if any):
Skate Canada #:
Coach's Name and Phone #
Home Club:
Highest Test Passed:

Option # _____ Level: _____ Price + GST: _____

**** CASH OR CHEQUES MUST BE INCLUDED WITH APPLICATION ****

Conditions:

- 1) The applicant agrees that the Clarington Skating Academy (CSA) and/or its coaches will not be held responsible for any loss or accident, however caused.
- 2) CSA will not be held responsible for loss of ice beyond our control.

Payment:

- 1) All fees are payable by cash or cheque and must accompany this form. Forms should be received no later than April 17th, 2009.
- 2) Cheques are made payable to the *Clarington Skating Academy*, either in full, or 50% or more of the amount owing. The first cheque to be dated on or before April 17th, 2009 and the balance to be dated for May 25th, 2009. **BOTH CHEQUES MUST ACCOMPANY FORM.**

COMPLETED FORMS SHOULD BE GIVEN TO, OR MAILED TO:

CSA
Tracy Tutton
5 Found Crt
Courtice ON L1E 2V2

SIGNATURE OF PARENT/GUARDIAN: _____

Date: _____