



# THAMESFORD SKATING CLUB REGISTRATION FORM 2010-2011 SEASON



Please Print:

Surname:	First Name:
Address:	City:
Postal Code:	Postal Code:
Birthdate (dd/mm/yyyy):	Gender            F                            M
Parent(s) Name(s):	
E-mail:	Skate Canada #:

Please check program chosen

	<b>SKATE CANADA FEE</b>	<b>\$30.00</b>
ASSOCIATE	_____	
BOARD MEMBERS	_____	
PROGRAM ASSISTANTS	_____	

**Liability Policy:** The TSC assumes no responsibility for any accident, loss or injury that may arise from any cause during skating programs. Skaters will not be allowed on the ice unless this form is complete and payment has been received.

**Freedom of Information:** In order for the TSC to release personal information, I give consent for my child's name, photograph, video image and/or achievements to be released to the media and club publications. Yes\_\_\_ No\_\_\_

**Refund Policy:** Refunds are pro-rated less the \$30.00 Skate Canada Membership fee.

Signature (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use:</b>			
Total Due	Cash	\$	_____
	Cheque	\$	_____ No.                            Date: _____