JUAN DE FUCA SKATING CLUB REGISTRATION FORM

Skate Canada #_____ Home Club_____

Name of Base Coach_____

Last Name_____ First Name_____

Address_____

City_____ Province_____

Postal Code_____ Female_____ Male_____

2nd address _____

City _____ Province _____Postal Code _____

Birth Date Month_____ Day_____ Year_____
00 00 0000

Phone_____-_____-_____ **Primary contact (E-Mail)**_____

Parent or Guardian Cell Phone_____-_____-_____

Langford___ Colwood___ Metchosin___ Highlands___ View Royal___ Other____

Care Card #_____

Are you transferring from another club? Yes___ No____ _____
Name of Club

EMERGENCY CONTACT OTHER THAN YOUR HOME:

Name_____ Phone #_____

I,_____ hereby release the Juan De Fuca Skating Club from
(Parents Name-Please print)
all liability for injuries or loss suffered, howsoever caused, and without limiting the generality of the foregoing, to release any and all claims against the Officials, the Organizers and Officials of the Club. I have read all the rules of the club and will abide by said rules and set out under the affiliated Parent Bodies and of the Juan De Fuca Recreation Center. I understand that misconduct by a member will result in Loss of Privileges.

Parent or Guardian_____Date_____
(if under 19 years of age)

Note

- A portion or the registration fee is applied to Skaters Insurance and one voluntary book of JDFSC raffle tickets.
- A copy of your current Stake Canada membership card is required if you are not Home Club Juan De Fuca

MEDICAL REFUNDS ONLY