JUAN DE FUCA SKATING CLUB SYNCHRONIZED SKATING REGISTRATION FORM

TWILIGHTS TEAM

Skate Canada #_____

Homeclub: _____

Last Name_____ First Name:_____

Address_____

City_____ Province_____

Postal Code_____ Female_____ Male_____

Birth Date Month_____ Day_____ Year_____
00 00 0000

Phone_____-_____-_____ E-mail_____

Cell Phone_____-_____-_____

Langford_____ Colwood_____ Metchosin_____ Highlands_____ View Royal_____ Other_____

Care Card #_____

Full member: _____Rotator (Spare): _____Apprentice:_____

EMERGENCY CONTACT OTHER THAN YOUR HOME:

Name_____ Phone #_____-_____-_____

Are you registered in any other discipline with JDF? _____

Skate Canada Fee: $32.00
JDFSC Raffle Ticket: $25.00
Skaters' Insurance $0.65

In consideration of benefits to me in the acceptance of this application, the undersigned agrees to hold and save harmless, The _____ Synchronized Skating Team, its Officers, Professional Coach and Chaperons for any claims for injuries sustained during skating practices, exhibitions, or competitions. I further agree there will be no claims for any loss of property while participating in any function pertaining to Synchronized Skating. The undersigned agrees to abide by all the rules of The Club, The Team, Skate Canada and the West Shore Park and Recreation. **I will be responsible for raising funds for travel expenses or pay the difference in cash before departure for any competition.**

Parent or Guardian_____ Date_____
(if under 19 years)

NOTE:

- fees will be set by The Team
- Proof of Skate Canada membership is mandatory.

RECEIPT: Amount Received_____ Received by (registrar's signature)_____

MEDICAL REFUNDS ONLY