

ANCASTER COMMUNITY SKATING PROGRAM

2011 - 2012 REGISTRATION

PARENT/GUARDIAN'S NAME: _____ PHONE: (____) _____

EMAIL ADDRESS: _____ CELL: (____) _____

CHILD'S SURNAME: (IF DIFFERENT FROM ADULT'S) _____

STREET ADDRESS: _____ POSTAL CODE: _____

CASH _____ / CHEQUE# _____

5:00 – 6:00 pm

CHILD'S FIRST NAME	LEVEL	AGE	CHILD'S FIRST NAME	level	AGE
	Basic			Proficiency	
	Novice I			Can Figure	
	Novice II				
	Novice III				
	Novice IV				

PLEASE MAKE CHEQUES PAYABLE TO ANCASTER COMMUNITY SKATING PROGRAM.
THEY MAY BE POSTDATED SEPTEMBER 1ST, 2011

A 90% refund will be granted prior to the program commencement. 10% will be retained as an administration fee. A 75% refund will be granted prior to the third session. A 50 % refund will be granted prior to the fifth session of program commencement. No refund will be granted beyond the fifth session of the program..

WAIVER OF RESPONSIBILITY: In the event of an injury to any member of my family while taking part in the classes of the Ancaster Community Skating Program, I relieve the Ancaster Community Skating Program of any responsibility.

I am interested in Volunteering on the ACSP Executive Committee: **YES** **NO**

DATE: _____

SIGNED: _____