



**ANCASTER COMMUNITY SKATING PROGRAM
REGISTRATION 20__**

FIDDLERS GREEN POSTAL OFFICE, PO BOX 810181, ANCASTER, ONT, L9G4X1

CHILD'S NAME: _____ AGE: _____

PARENT'S/GUARDIAN NAME: _____

PHONE: (____) _____ CELL (____) _____

STREET ADDRESS: _____

CITY _____ POSTAL CODE _____

EMAIL ADDRESS: _____

2-3PM	3-4PM	4-5PM	5-6PM
Power II	Pre-Beginner	Pre-Beginners	Novice I
Power III	Beginners	Beginners	Novice II
Power IV	Beginners 7+	Beginners 7+	Novice III
Power V	Elementary	Elementary	Novice IV
Power VI	Basic	Basic	Proficiency
Power VII	Power I	Power I	Canfigure
Proficiency	Power II	Power II	
Adult Skater	Power III	Power III	

PLEASE NOTE, NO BIKE HELMETS
*CSA approved HELMETS, GLOVES OR MITTENS ARE MANDATORY FOR ALL STUDENTS.
 FACE and WRIST GUARDS, KNEE AND ELBOW PADS ARE RECOMMENDED.*

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

Cheques payable to ANCASTER COMMUNITY SKATING 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**
- Photo Release: The ACSP is hereby granted permission to take photographs or video of the above named student to use in brochures, web sites, posters, advertisements and or promotional materials. **YES** **NO, I do not authorize**

DATE: _____ **SIGNED:** _____

www.ANCASTERCOMMUNITYSKATINGPROGRAM.COM

For OFFICE use only:
 RECEIVED FROM: _____

CASH	AMOUNT	DATE:
CHEQUE #	AMOUNT	DATE
CHEQUE#	AMOUNT	DATE

RECEIVED BY: _____

OFFICIAL RECEIPT FOR INCOME TAX PURPOSES