

# 2017 - 2018 STARSkate Off-Ice Training Registration Form



Box 136, Virgil ON L0S 1T0  
905-468-7465  
[skatenotl@outlook.com](mailto:skatenotl@outlook.com)  
[www.notlskatingclub.com](http://www.notlskatingclub.com)



Surname:		First Name:	
Mailing Address:			
Postal Code:		Birth Date: (dd/mm/yy):	
Phone Number:		Emergency Phone:	
Parent Name(s):			
E-Mail:			
Payment:	Chq #	Chq#	Cash

**Liability Policy:** the NOTL Skating Club assumes no responsibility for any accident, loss or injury that may arise from any cause during off-ice fitness. Skaters will not be allowed in the session unless this form is completed and payment in full has been received.

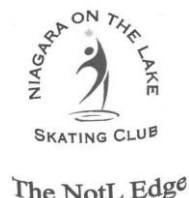
**Refund Policy:** The Off-Ice Programs are nonrefundable.  
**All NSF cheques will be subject to a \$20.00 administration fee.**

**All programs may be subject to change.**

Signature

(Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

STARSkate Junior / Intermediate <b>Expressive Movement</b> 2017-2018 (20 weeks session)	STARSkate Senior <b>Expressive Movement</b> 2017-2018 (20 weeks session)	STARSkate JR/INT/SR <b>Fitness Class</b> 2017-2018 (18 weeks session)	STARSkate INT/SR <b>Yoga/Stretch Class</b> 2017-2018
Monday (Sep 25 – Mar 5) JR Private 5:35-5:50 JR Group 5:00-5:35	Monday (Sep 25 – Mar 5) SR Group 6:00-6:35 SR Private 6:35-6:50	Saturday 1:30-2:30 pm Starting : Sep 23 Ending : March 24	Sunday 2:10-3:10 INT group 3:20-4:20 SR Group Starting : Oct 1 Ending : March 25



NAME:			
Off Ice Class Purchased:			
	JR/ INT/ SR Expressive Movement Class		\$
	Fitness Class		\$
	Yoga/Stretch Class		\$
Chq#	Chq#	Cash	TOTAL : \$
Club Official Signature:		Date:	

**Please keep this portion as your Official Receipt for income Tax Purposes.**