

2018 - 2019 STARSkate Off-Ice Training Registration Form



Box 136, Virgil ON L0S 1T0
905-468-7465
skatenotl@outlook.com
www.notlskatingclub.com



Surname:		First Name:	
Mailing Address:			City:
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.

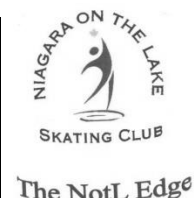
Refund Policy: The Off-Ice Programs are nonrefundable.
All NSF cheques will be subject to a \$20.00 administration fee.

All programs may be subject to change.

Signature

(Parent/Guardian): _____ Date: _____

STARSkate Junior/ Int Star3 Expressive Movement 2018-2019 (20 weeks session)	STARSkate Int Star 4/ Senior Expressive Movement 2018-2019 (20 weeks session)	STARSkate JR/INT/SR Fitness Class 2018-2019 (18 weeks session)	STARSkate INT/SR SUNDAY Off-Ice 2017-2018
Friday (Sep 7 – Mar 29) Group 6:20-7:05 Private 7:05-7:20	Friday (Sep 7 – Mar 29) Group 5:15-6:00 Private 6:00-6:15	Saturday 1:45-2:45 pm Starting : Sep 8/18 Ending : March 30	Sunday 2:10-3:10 INT 3:30-4:30 SR Group Starting : Ending :



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

Please keep this portion as your Receipt