

THREE SEASONS SKATING SCHOOL INC.

SPRING SCHOOL, 2017 REGISTRATION FORM

Registration Deadline: MARCH 3 2017

Name:	Telephone No.:
Address:	Birth Date:
City:	Skate Canada. No.:
Postal Code:	Home Club:
Last Tests Passed:	Coach:

PLEASE CHECK THE SESSIONS AND DAYS YOU ARE REGISTERING FOR:

SESSION	DAYS (Please circle day choices)	TOTAL PAYABLE	OFFICE USE ONLY
			Please do not write in this space.
STAR 1	Monday Tuesday Thursday		
STAR 2	Monday Tuesday Wednesday Thursday		
STAR 3 STAR 4	Monday Tuesday Wednesday Thursday		
STAR 5&UP	Monday Tuesday Wednesday Thursday		
OFF- ICE	yes ()		
Total payable for Spring School (must accompany application)		\$	

I hereby release Three Seasons Skating School Inc. from all actions, claims and demands for damages, losses or injuries arising from any accidents which may be caused by or arise out of participation by the skater named above in the Three Seasons Skating School Inc. program or in any facility or at any location where the program is being held.

_____ Date of Signature

_____ Signature of parent or guardian (Skater must sign if over 18)

THREE SEASONS SKATING SCHOOL INC.
P.O. BOX 28033
NORTH PARK PLAZA RPO
BRANTFORD, ONT.
N3R 7X5

SUMMER SCHOOL, 2017 REGISTRATION FORM

Registration Deadline: JUNE 1 2017

Name:	Telephone No.:
Address:	Birth Date:
City:	Skate Canada No.:
Postal Code:	Home Club:
Last Tests Passed:	Coach:

PLEASE CHECK THE SESSIONS AND DAYS YOU ARE REGISTERING FOR:

SESSION	DAYS (Please circle day choices)	TOTAL PAYABLE	OFFICE USE ONLY
“A”	Tues. Wed. Thurs.		Please do not write in this space.
“B”	Tues. Wed. Thurs.		
OFF-ICE	Yes ()		
Total payable for Summer School (must accompany application)		\$	

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Date of Signature

Signature of parent or guardian (Skater must sign if over 18)

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FALL SCHOOL, 2017 REGISTRATION FORM

Registration Deadline: AUGUST 1 2017

Name:	Telephone No.:
Address:	Birth Date:
City:	Skate Canada No.:
Postal Code:	Home Club:
Last Tests Passed:	Coach:

PLEASE CHECK THE SESSIONS AND DAYS YOU ARE REGISTERING FOR:

SESSION	DAYS (Please circle day choices)	TOTAL PAYABLE	OFFICE USE ONLY
			Please do not write in this space.
STAR 1	Mon. Tues Thurs.		
STAR 2	Mon. Tues. Thurs.		
STAR 3 STAR 4	Mon. Tues. Thurs.		
STAR 5& UP	Mon. Tues. Thurs.		
OFF-ICE	Yes ()		
Total payable for Fall School (must accompany application)		\$	

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Date of Signature

Signature of parent or guardian (Skater must sign if over 18)

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