



RICHMOND HILL SKATING CLUB

Harding Postal Outlet, P.O. Box 32226, Richmond Hill, ON, L4C 9S3

RETAIN A COPY AS OFFICIAL RECEIPT - FOR YOUR PERSONAL RECORDS

2009 - 2010 REGISTRATION FORM

Email to: rhfskatingclub@bellnet.ca OR Fax to: 905-508-1563 OR Mail In (see above)

Full Season Fall Winter Spring Summer

START DATE: _____ END DATE: _____

Previous RHFSC Member: Yes _____ No _____

SKATER INFORMATION (Please Print Clearly)	PARENT INFORMATION (Please Print Clearly)
LAST NAME: _____	MOTHER'S NAME: _____
FIRST NAME: _____	WORK Tel. #: _____
ADDRESS: _____	FATHER'S NAME: _____
CITY/TOWN: _____	WORK Tel. #: _____
POSTAL CODE: _____	
TELEPHONE #: _____	HOME CLUB: RHFSC
EMAIL ADDRESS: _____	OR _____
DATE OF BIRTH : (M / D / Y) _____ M _____ F _____	COACH: _____
HEALTH CARD #: _____	SKATE CANADA #: _____

PROGRAM	DAY (S)	TIME (S)	FEE	Completed Badge
Preschool				
CanSkate				
Junior (Adv.Canskate)				
STARSkate NOVICE				
STARSkate SENIOR				
AdultSkate Advanced				
AdultSkate Beginner				
OTHER				
ADDITIONAL FEES				
*Annual Skate Canada Fee (non-refundable)+ \$31.00 per skater, payable once in skating year - see brochure				
Credits (-)				
Card Expiry: /	Visa Card #:			
Name on Card (please print):		TOTAL		

ABSOLUTELY NO REFUNDS will be granted without a written request for withdrawal **ONE-WEEK PRIOR TO THE START OF THE SEASON, after which NO REFUNDS will be granted. All approved refunds will be less a \$25.00 administration fee.** Membership is non-transferable. \$25.00 Service Charge on any & all Returned Cheques. *The Annual Skate Canada fee is non-refundable. **See brochure for full details.**

The Richmond Hill Figure Skating Club reserves the right to cancel or reschedule programs depending on registration or circumstances beyond the Club's control. The applicant/guardian agrees that the Richmond Hill Figure Skating Club and/or its proprietors will not be held responsible for any accident or loss however caused and agrees to release the proprietors from all claims or damages which may arise as a result of or by any reason of such accidents or loss.

Skater or Parent's/Guardian (if skater under 18) Signature: _____

Date: _____

FOR OFFICE USE ONLY

PAYMENT MODE: CASH: _____ CREDIT CARD: _____ CHEQUE # & \$amt: # _____ \$ _____ Name on Cheque: _____

Name of other skater(s) if payment combined with another skater in family: _____ Fees taken by: _____