



Summer Session: Aug. 1 – Aug. 31, 2017

Peterborough Figure Skating Club

**Star 3-5 and ELITE
(Passed Star 2 FreeSkate)**

(Please Print Clearly)

Name of Skater:		Date of Birth:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Address:		City:	Postal Code:
Home:	Cell:	Email address:	Coach:
Skate Canada#:	Home Club:	Allergies/Medical Conditions (if yes pls specify): <input type="checkbox"/> NO <input type="checkbox"/> YES	
Name of Parent or Guardian (Please Print):			
Highest STARSkate Test: Dance		Skills	Freestyle Interpretive

Please refer to Spring Information sheet for details of the programs listed below

Program	LEVEL	Fee	(fee calculation)
1	Star 3-5 and Elite - August - Tuesdays (5 weeks) 1 hr	\$75.00	
2	Star 3-5 and Elite - August- Thursday (5 weeks) 1 hr	\$75.00	
3	Star 3-5 and Elite- August- FULL SESSION (5 weeks)	\$150.00	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque		Total Due	

REFUND POLICY	CHEQUES	MEDIA POLICY
Registrations are accepted on a first come first serve basis. Refunds will only be provided upon presentation of a medical certificate confirming the skater's inability to participate as a result of a medical condition. A \$20 administrative fee will apply.	Make cheques payable to Peterborough Figure Skating Club (PFSC) Please drop cheques off (DO NOT MAIL) 760 Herman St. Peterborough, ON NOTE: A \$25 fee applies to any dishonoured cheques.	From time to time, the PSC may take videos or still images for the purposes of promoting the club and post same for public viewing only and will not be for resale under any circumstances. Members may only record videos or still images of their own children.
WAIVER	I agree to all of the conditions as set above and to abide by the Rules of Conduct as set out by PFSC.	
The skater or his/her parent/guardian agrees that the Peterborough Figure Skating Club and/or its Executive will not be held responsible for any loss/accident or damages arising from participation in club activities. The Peterborough Figure Skating Club is further authorized in the absence of a parent/guardian to make decisions relating to medical treatment as required.	Signature of Parent/Guardian	

**Spaces are limited, Please submit form no later than July 1, 2017
The PFSC reserves the right to change or cancel ice time**