

Flying Blades



Skating Club

***Flying Blades Skating Club
Summer School Registration 2017***

CanSkate _____ Advanced CanSkate _____ Star 1 & 2 _____ Star 3,4,& 5 _____

Star 6 & Higher _____

Skater's Name: _____ **Gender: Female/Male**

Date of Birth: (Year/Month/Day) _____

Skate Canada#: _____ **MCP Number:** _____

Parent's Name: _____

Email Address: (please print) _____

Home address: _____ **Postal Code:** _____

Phone number: _____ **Emergency Number:** _____

Medical Problems: (Relevant to skating) _____

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Skating Club

**Flying Blades Skating Club
Permission Forms For**

(Skater's Name)

2017

Summer Skating School

Note to all Parents:

As a parent, I agree that the Officers and Members of the Flying Blades Skating Club shall not be responsible or liable for any injury, loss, or damage suffered by a member while enjoying the privileges of the club. I agree to abide by all the rules and by laws of the club.

I/we hereby give permission for FBSC to use photographs of my child on skating websites, posters, etc. with the understanding that the sole use of the photographs will be for the promotion of skating and FBSC. Names will be used only if individuals have been contacted.

Parent's Signature: _____

To all CanSkate Parents:

I understand that approved ice skating helmets (not bike helmets) must be worn by skaters in the preschool to CanSkate 6 groups.

Parent's Signature: _____

Private Lessons Request: Star 6 & Higher Session Only:

of lessons requested per session: _____

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Office Use Only:	Cash:
Money Order:	Cheque: