

**JUAN DE FUCA SKATING CLUB SYNCHRONIZED SKATING REGISTRATION FORM**

**ICE VIZION SYNCHRONIZED SKATING TEAM 2018-19**

Online registration completed? No / Yes \_\_\_\_\_

Skate Canada # \_\_\_\_\_ Are you registered with any other Clubs? No / Yes \_\_\_\_\_

Last Name: \_\_\_\_\_ First Names: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell: \_\_\_\_\_ Care Card #: \_\_\_\_\_

Birthdate: (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

**EMERGENCY CONTACT OTHER THAN YOUR HOME:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration of the benefits to me in the acceptance of this application, the undersigned agrees to hold and save harmless, the Ice Vizion Synchronized Skating Team, its Officers, Professional Coach and Chaperones for any claims for injuries sustained during on and off-ice skating practices, exhibitions and competitions. I further agree there will be no claims for any loss of property while participating in any function pertaining to Synchronized Skating.

The undersigned agrees to abide by all the rules of the Juan de Fuca Skating Club, the Ice Vizion Team, Skate Canada and the West Shore Parks & Recreation. I will be responsible for individually raising funds for travel expenses or pay the difference in cash thirty (30) days prior to departure for any competition. I have received and read the Juan de Fuca Skating Club Synchronized Skating Handbook.

Skater Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2018

MEDICAL REFUNDS ONLY. Pro-rated fees are calculated after November 1<sup>st</sup>.

NOTE: (1) Fees will be set by the Team (2) Proof of Skate Canada membership and date of birth is mandatory.

Skate Canada Fee & Ins.:	\$ 36.00
Costuming Fee:	\$ 50.00
Deposit:	\$ 60.00
Balance of Registration Fee:	\$ 665.00

Payment by:  cash  post-dated cheques  credit card (online only)

Receipt of deposit & fees by: \_\_\_\_\_ Date of Payment: \_\_\_\_\_ \$ \_\_\_\_\_

Receipt of payment by: \_\_\_\_\_ Date of Payment: \_\_\_\_\_ \$ \_\_\_\_\_

Receipt of payment by: \_\_\_\_\_ Date of Payment: \_\_\_\_\_ \$ \_\_\_\_\_

Receipt of payment by: \_\_\_\_\_ Date of Payment: \_\_\_\_\_ \$ \_\_\_\_\_

Paid in full (date of payment): \_\_\_\_\_