

Niagara-on-the-Lake Skating Club 2021 – 2022 STARSkate Registration Form

PO Box 136, Virgil ON LOS 1TO

Email: skatencelook.com Website: www.notlskatingclub.com

***By providing an e-mail address you agree that the NOTL SC may contact you for a period of 1 year regarding club business Skater's Medical Condition(s) (if applicable): New Member: Yes New Member: Yes SESSION DAY (Select all that apply) Ore-Junior PACKAGE (Thursday/Saturday) Mon - Optional with the purchase of a package unior PACKAGE (Mon, Wed, Fri) Sun Mon intermediate PACKAGE (Choose 4 or 5 days) Sun Mon There read and agree to the terms of: Liability & Refund Policies Yes Skate Canada Privacy Policy Yes No Photography & Publicity Release Yes No Harness Liability Waiver Yes No Yes State Ontario Covid-19 Waiver - SIGNED BY SKATER & PARENT Yes Parent/Guardian Signature:	Skater's Last N	lame:	First Name: _		_
Mailing Address:	Skater's Birth Date (dd/mm/yyyy):			Gender: 🗌 Female 🗌 Male	e
City: Prov: Postal Code: Phone Number:	Parent(s) Nam	ie(s):			_
City: Prov: Postal Code: Phone Number:	Mailing Addre	ss.			
Phone Number:					-
E-mail: **By providing an e-mail address you agree that the NOTL SC may contact you for a period of 1 year regarding club business Skater's Medical Condition(s) (if applicable): New Member: Yes No, Skate Canada #:	City:		_ Prov:		_
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NOTL Skating Club Raffle Book Fee: 40.00 +\$ 1st Payment 2nd Payment 3rd Payment 4th Payment 5th Payment Sept 6/21 Oct 15/21 Nov 15/21 Dec 15/21 Jan 15/22 +\$ 12.50 Showcase Fee: \$ \$ \$ \$ \$ #: #: #: #: #: \$_____ TOTAL:

Club Registrar will verify correctness & advise you of any errors. Email this form to <u>skatenotl registrar@outlook.com</u>