

2009 - 2010 Registration Form



Fredericton Amateur Speed Skating Club Inc.

PROGRAM	SCHEDULE	FEE
Learn To Skate (LTS)	Fridays 5:00pm(also some Saturdays replacing cancelled Fridays)	\$205.00
Power Skating (PS)	Fridays 6:00pm(also some Saturdays replacing cancelled Fridays)	\$205.00
Learn to Speed Skate (Group C)	<input type="checkbox"/> Twice per week <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday	\$315.00*
	<input type="checkbox"/> Once per week <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday	\$235.00
Group B	Monday, Tuesday & Thursday	\$395.00*
Group A	Monday, Tuesday, Wednesday, Friday & Sunday	\$690.00*
Recreational	Mondays	\$205.00
Masters	<input type="checkbox"/> Sundays and Mondays	\$300.00
	<input type="checkbox"/> Sunday or Monday Only	\$220.00

Fees do not include equipment rental, meet registrations or helmet covers. Family rates are available for 3 or more skaters. Group C and Masters registrants must indicate which schedule option, including days (group C only), they will attend. *Payment schedules available: the submission of all post-dated cheques for the full amount must accompany your registration. Parents/guardians must read the FASSCI Registration Information Sheet, in which further information is available.

Returning speed-skaters (Groups A, B, and C) must register in the same group as last year. When numbers of registrants are known, coaches will then determine who may be offered a place in a more advanced group, pending payment of the fee differential. All families of returning skaters are expected to assist with board-pad set-up and take-down, fundraising activities, and home meets throughout the year.

SKATERS NAME: _____ Date of Birth (yy/mm/dd): ____/____/____ Skating Program (circle one): LTS PS C B A R M	Medicare Number: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male Age on June 30, 2009: ____years old. Fee: \$_____ Allergies: _____
SKATERS NAME: _____ Date of Birth (yy/mm/dd): ____/____/____ Skating Program (circle one): LTS PS C B A R M	Medicare Number: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male Age on June 30, 2009: ____years old. Fee: \$_____ Allergies: _____
SKATERS NAME: _____ Date of Birth (yy/mm/dd): ____/____/____ Skating Program (circle one): LTS PS C B A R M	Medicare Number: _____ <input type="checkbox"/> Female <input type="checkbox"/> Male Age on June 30, 2009: ____years old. Fee: \$_____ Allergies: _____
Mother/Father/Guardian (please circle) #1 name**: _____ Mailing Address: _____ Postal Code _____ Home phone: _____ Cell: _____ E-mail: _____ Mother/Father/Guardian (please circle) #2 name**: _____ Mailing Address: _____ Postal Code _____ Home phone: _____ Cell: _____ E-mail: _____	
TOTAL FEES PAYABLE (Family rate <input type="checkbox"/>) \$_____	

Skater's names and contact information will be listed in a Members' Directory held confidentially by the club registrar. **The two parent names for Group A, B, and C skaters will be forwarded to Speed Skate Canada and registered as Associate members.

In consideration of your accepting this registration, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages I may have against the Fredericton Amateur Speed Skating Club Inc., its agents, officers, or members, for all and any injuries suffered by me during this skating program. I hereto set my hand this _____ day of _____ 2009

SIGNATURE OF SKATER OR, IF SKATER UNDER 18, OF PARENT/GUARDIAN: _____

I would like to help out as: Assistant Coach Meet Official