



Fredericton Amateur Speed Skating Club Inc.

PROGRAM	SCHEDULE	FEE
Learn To Skate (LTS)	Fridays 5:00pm (some Saturdays replace cancelled Fridays)	\$205.00
Power Skating (PS)	Fridays 6:00pm (some Saturdays 2:45pm) – 10 session card	\$120.00
Power Skating (PS)	Fridays 6:00pm (some Saturdays replace cancelled Fridays)	\$300.00
Learn to Speed Skate (Group C)	<input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday (choose two)	\$315.00*
Group B	Tuesday, Thursday & Saturday	\$395.00*
Group A	Monday, Tuesday, Wednesday, Friday & Sunday	\$725.00*
Recreational	<input type="checkbox"/> Monday am or <input type="checkbox"/> Monday pm	\$220.00
Masters	Sunday & Monday	\$300.00
	Monday (half season)	\$115.00

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.

SKATER 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, 2011: ____ years old. Fee: \$ _____ Allergies: _____
SKATER 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, 2011: ____ years old. Fee: \$ _____ Allergies: _____
SKATER 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, 2011: ____ 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 _____ 2011

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

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