



TRENTON FIGURE SKATING CLUB
JR/SR REGISTRATION FORM

DEADLINES: TFSC FULL: Aug 14/09

OPEN REGISTRATION: Aug 17/09

**PLEASE FORWARD
REGISTRATION TO:**

Kelly Whitehead
 86 Tripp Blvd
 Trenton, ON
 K8V 5Z1

Phone: 613-394-6604
 Email: whitehead@cogeco.ca

SKATER INFORMATION

SKATER NAME			
SKATE CANADA #			
BIRTH DATE	AGE:	<input type="checkbox"/> M	<input type="checkbox"/> F
HOME ADDRESS			
EMAIL ADDRESS			
MOTHER'S NAME		TEL # HOME:	TEL # WORK:
FATHER'S NAME		TEL # HOME:	TEL # WORK:
EMAIL			
HOME CLUB:	TRENTON FSC(1000519)		
TRANSFER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PREVIOUS CLUB	NAME:	REGISTRATION #	
COACH(ES)			
PLEASE INDICATE SPECIAL MEDICAL/ALLERGIES THAT YOUR CHILD'S COACH MAY NEED TO BE PREPARED TO DEAL WITH:			

PROGRAMS OFFERED - PLEASE SELECT

<input type="checkbox"/> STAR SKATE - JUNIOR/SENIOR This program offers opportunities to develop basic figure skating skills in four different areas <i>(Please indicate highest level passed for each division)</i>				
<table border="0"> <tr> <td>Freeskate</td> <td>Skills</td> <td>Dance</td> <td>Interpretive</td> </tr> </table>	Freeskate	Skills	Dance	Interpretive
Freeskate	Skills	Dance	Interpretive	
<input type="checkbox"/> ADULT PROGRAM This program offers CanSkate and StarSkate geared for adults (This program is subject to availability)				
<input type="checkbox"/> COMPETITIVE SKATE Incorporates a series of tests and other training opportunities to help competitors with potential to advance. (This program is subject to availability)				

DISCLAIMER: The applicant or his/her parent/guardian agrees that the Trenton Figure Skating Club and /or its Executive will not be held responsible for any loss or accident, however caused, and agrees that they will release the club and/or its Executive from all claims or damages which may arise as a result of/by reason of such an accident or loss.

PHOTO WAIVER & WEBSITE: The applicant or his/her parent/guardian agrees that his/her son/daughter's picture and/or name be used in the local media, including the Club Website, for publicity and/or information purposes, including publication of progress, evaluation tests and/or competition results.

CODE OF CONDUCT: All participants are expected to follow the Code of Conduct outlined on our Website.

REFUNDS: Refunds are only given at the discretion of the Board (TFCS By-Law 40) LESS a \$35.00 Admin Fee.

PARENT SIGNATURE _____ Date _____ YES _____ NO _____



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PLEASE CIRCLE CHOICES

PROGRAM	SKATING TIMES	SCHEDULE	AMT DUE	CHQ DATE
JR/SR/COMP-A/B	3:05 – 4:30 A	Monday		
Full Program \$575.00 Monday \$235.00 Wed or Fri \$260.00 Mon & Wed \$460.00 Mon & Fri \$460.00 Wed & Fri \$485.00	OR	Monday		
	6:30 – 7:55 B	Monday		
	4:05 – 5:55	Wednesday		
	A/B	Friday		
	3:05 – 4:55 A	Friday		
	OR			
	5:05 – 6:55 B			
MUSIC SCHEDULE				
<p>A music schedule will be established and posted at the beginning of the Season. Missed music sessions will be billed by-weekly at \$20.00 per session missed. Please check the schedule and make arrangements for coverage if you cannot play, otherwise you will not be in good standing with the Club.</p>				
PROGRAM ASSISTANTS – must have passed Preliminary Freeskate Test to Qualify				
<input type="checkbox"/> Monday		<input type="checkbox"/> Saturday		
Deposit (each skater) 10% Program Registration due at time of Registration				
<p>Instalment Plan : Initial 10% must be paid at time of Registration, the balance due may be divided equally in 6 post dated cheques with all fees paid in full by January 15, 2010. The Club reserves the right to refuse post dated cheques and request Money Orders or Cash Payments in some cases. All post dated cheques must be written for the 1st or the 15th of the months listed below.</p>				
August	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque		
September	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque		
October	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque		
November	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque		
December	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque		
January	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque		
Name on cheque				
TOTAL PAYMENT				
If payment in full	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque		

Skater Signature _____

Parent Signature _____

Date _____