



**Parkhill Silver Blades Skating Club
Pre-Registration Form
Special Needs Learn-to-Skate Program**

Box 362 Parkhill, ON N0M 2K0
www.parkhillsilverblades.com



*Please use one form per skater

Name _____		Date of Birth (DD/MM/YYYY) _____	M F Gender
Emergency Contact Name/Phone _____			
(____) _____	(____) _____	_____	
Home Phone	Work Phone	Email Address	
Address _____			
City _____	Province _____	Postal Code _____	Previous skating experience if applicable: _____

FEES ~ Special Needs Learn-to-Skate Program (CanSkate)

<u>Registration Fee</u>	
One Session per week (Includes 1 compulsory Raffle Book / family)	\$ <u>125.00</u>
Skate Canada Registration Fee <i>(insurance & program development)</i>	\$ <u>32.00</u>
TOTAL	\$ _____
Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Cheque(#____)	

Important Information

The sessions offered in this **pilot program** will be 50 minutes in length on Saturdays from 1 to 1:50 pm. The skating season runs from October to March. Skaters will have the opportunity to move into our regular Canskate or Starskate programs based on assessment by our club coach.

Please return this form to our club by June 20, 2011 either by mail to address above or scan and send to address below. No payment is required at this time.

Any inquiries may be directed to our e-mail address: **parkhillsilverblades@gmail.com**

COMMENTS:

Parent's / Guardians Signature _____	Date _____
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