

Group Registration Form – Ice Palace FSC



First Name: _____

Last Name: _____

Birth Date: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Parent's Name: _____

Alberta Health Care #: _____

Skate Canada #: _____

Have you taken any skating tests in the past? Yes _____ No _____

Level Achieved: _____

Please note any medical problems: _____

In case of emergency, contact: _____

Level: _____

Day: _____

Time: _____

Registration Fee: _____

Annual Skate Canada Membership Fee: \$30.00

TOTAL: _____

Receipt # _____ Paid: _____

PAYMENT DUE UPON REGISTRATION
\$10.00 Administration Fee is charged on all Cancellations

How did you find out about the Ice Palace Figure Skating Club? _____

The Ice Palace Figure Skating Club and Ice Palace Coaches shall not be responsible for any injury, loss, or damage, howsoever caused, which may occur to or be suffered by any person on or using any premises used by the Ice Palace FSC for providing group skating programs, whether in the West Edmonton Mall Shopping Center (including without limitation Galaxyland and the Ice Palace) or in any other facility.

PARENT SIGNATURE: _____

REGISTRATION NUMBER: _____