

Group Registration Form – Ice Palace FSC



First Name: _____
Last Name: _____
Birth Date: _____
Address 1: _____
City: _____ Prov: _____
Postal Code: _____
Home Phone: _____ Work Phone: _____
Parent's Name: _____

Alberta Health Care Number: _____
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 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: _____