

Lacombe Figure Skating Club

2017-2018 Registration

Skate Canada #: _____

Skater Information

Last Name: _____ First Name: _____
 Address: _____ Postal Code: _____
 Phone: _____ Email: _____
 Birthday: Day _____ Month _____ Year _____ Gender: Male Female
 Doctor: _____ A.H.C. #: _____
 Medical Conditions: _____

Contact Information

Last Name*	First Name*	Relationship
Home Phone	Cell Phone	Work Phone
Address		City
Postal Code	Email	

* Only last & first name(s) contact info required for other children in the family after the first child's registration is complete

Last Name	First Name	Relationship
Home Phone	Cell Phone	Work Phone
Address		City
Postal Code	Email	

Last Name	First Name	Relationship
Home Phone	Cell Phone	Work Phone

Privacy Act: The Lacombe Figure Skating Club holds all the information contained on this form in complete confidentiality and does not make it available to anyone beyond our professional coaches and executive members. Skate Canada requires all information but uses it for their records and for insurance purposes only.

I hereby agree that I will not hold the Lacombe Figure Skating Club or it's officials responsible in any way for injuries which may occur to my child(ren) or self during the preparations for, or during, lessons, practices, test days, clinics, or other events sponsored by or in connection with the Lacombe Figure Skating Club.

Signature of Parent or Guardian

Date