



PORT CREDIT FIGURE SKATING CLUB

Port Credit Arena, 40 Stavebank Road Tel: 1-905-581-6151
www.portcreditfsc.ca

Skating Season Fall/Winter Spring

Please Submit One Registration Form per Skater

Last Name: _____
 Parents Last Name: _____
 Address: _____
 City/Postal Code: _____
 Phone -home: _____
 Skate Canada # _____ (only required if changing home clubs)
 Home Club Last Season _____
 Base Coach: _____
 Other Coaches: _____

First Name: _____
 Birth Date: Month _____ Day _____ Year _____
 Gender: Female Male
 E-Mail Address: _____
 Phone -daytime: _____
 Other family members of Port Credit Figure Skating Club:
 (For family discount – see Brochure)

Registrations will be processed on a first come, first served basis. Returning members will have priority until August 31st.
FOR INSURANCE PURPOSES ALL SKATERS MUST BE REGISTERED FOR THE CURRENT SEASON PRIOR TO PARTICIPATING IN ANY SESSIONS **

Session (circle one)	List Session (days) Individually (see brochure)	Program Cost
PreCanSkate		
CanSkate		
Starskate Junior		
Intermediate A		
Intermediate B		
Senior		
Advanced		
Adult StarSkate		
Competitive		
Early Morning		
Off Ice		
Discounts Taken		
ADM001	Skate Canada Registration & Insurance Fee <i>(excluding CanSkate)</i>	\$60.00
FDN001 (choose one)	Fundraising Chocolates \$90.00 ➡ \$	
FDN002	Fundraising Tickets \$80.00 ➡ \$	
	Total	\$

****SEE BROCHURE FOR DESCRIPTION OF LEVELS and PAYMENT OPTIONS****
Pricing reflects ice costs, lesson and length of session.

FULL PAYMENT (INCLUDING ANY POSTDATED CHEQUES) MUST BE RETURNED WITH THIS FORM
Incomplete or incorrect registrations will be returned unprocessed.

Return completed registration form to:

PCFSC
Shoppers Drug Mart
P.O. Box 59543, 321 Lakeshore Rd. West
Mississauga, ON L5H 4L1

PAYMENT ENCLOSED AS FOLLOWS:

Cheque No.	Cheque Date	Amount	Office Use
TOTAL		\$	

The Port Credit Figure Skating Club is not responsible for injury or loss of property sustained during skating sessions. The Board of Directors reserves the right to change and cancel ice times without notice and pre-empt ice times for test days and/or as required by the City. New members MUST be residents of the City of Mississauga. Skaters wishing to register as Port Credit Figure Skating Club home club members must be eligible skaters as defined by the Skate Canada. Ineligible skaters may register for skating sessions with Port Credit, but must apply directly to the Skate Canada for membership. (See the brochure for more information).

I, _____ the Parent/Guardian of _____ do absolve the Port Credit Figure Skating club, its' Coaches, Board of Directors and Executive from any and all responsibility for loss of property and/or injury of any kind to me or my child, as applicable, while on or about the premises.

Dated this _____ day of _____, 20___. Signature of Parent/Guardian _____

Copies: White - Treasurer Yellow - Registrar & Session Representative Pink – Applicant

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<p style="text-align: center;">Income Tax Receipt To Be Completed By Club Official Only</p> <p style="text-align: center;">Port Credit Figure Skating Club</p> <p>Date: _____</p> <p>Participant: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal Code: _____</p> <p>Fees Paid (excluding fundraising): _____</p> <p>Club Officials Signature _____</p>	<p style="text-align: center;">Fundraising Ticket</p> <p>Please separate from income tax receipt and present this pink ticket to receive your fundraising item(s) (check <input checked="" type="checkbox"/> one)</p> <p>CHOCOLATES \$90.00 <input type="checkbox"/></p> <p>RAFFLE TICKETS \$80.00 <input type="checkbox"/></p> <p>(40 Tickets \$2.00 each)</p> <p>**Maximum 2 Fundraising skaters per family</p>
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