



Skate Midland

Members log

SC Registration

Registration Information

Skater's Name: _____ Birthdate: _____

Mother: _____ Father: _____

Age: _____ Telephone: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Health Card #: _____ Skate Canada #: _____

Programs

Check Desired Program and Skating Day

Quickstart	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
CanSkate	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
PrePower	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
CanPowerSkate	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
StarSkate Jr	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
StarSkate Int	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
StarSkateSr	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
AdultSkate	<input type="checkbox"/>	Thursday	<input type="checkbox"/>		<input type="checkbox"/>

Friday Practice Ice

Fees

Program Fees: _____ Fundraising: _____

Cheque # 1: _____ Cheque # 2: _____

Cheque # 3: _____ Cash: _____

Notes: _____

Photo/Media Release:

I grant to the Skate Midland staff, volunteers and media the right to use, reproduce and/or distribute photographs, written forms, videotapes or sound recordings of my skater/myself for use in materials they may create.

Parent's Signature: _____ Date: _____

Skate Midland Official: _____