

Langley Figure Skating Club

P.O. box 61564 Brookwood P.O. Langley, BC V3A 8C8 telephone: (604) 532-3890 FAX: (604) 532-3894

Registration Form

Skater Name (last, first):

Skater's Birthdate (y/m/d):

Male/Female

Parent/Legal Guardian name (last, first):

Other Parent:

Mailing Address:

City & Postal code:

Telephone. Home:

Cell #1:

Work:

Cell #2:

Email Address:

Emergency Contact. Name:

Telephone:

Skate Canada Number:

Skater's Home club:

Coach:

Medical Information: Skater's Care Card #:

Doctor's name:

Telephone #:

Require the use of:

Suffer from:

Disabilities/medical conditions:

Contact lenses

Headaches

Asthma

Glasses

Seizures

Diabetes

Hearing aids

Blackouts

Heart disease

Chest pain

Epilepsy

Other Medical conditions, illnesses, or surgeries:

Allergies:

All skaters must be a skate Canada Member.

Refund Policy:

LFSC does not offer refunds except in the case of medical instances. All refund requests must be submitted in writing to the LFSC executive accompanied by a Doctor's certificate as applicable before any consideration will be given. Refunds, if given will be prorated from the date your letter is received by the executive, a \$25.00 administrative fee will be applied, and SKATE CANADA FEES ARE NON-REFUNDABLE.

In the event ice is cancelled due to tests, special events, mechanical breakdowns or other circumstances beyond the control of the LFSC, the Club does not offer refunds, make-up sessions or any other compensation to skaters.

On registering my child with the LFSC, I take full responsibility for any injuries or loss of property while skating with the LFSC. I understand that my child's name and/or photograph may be used for promotional purposes.

Signature (parent/legal guardian):

Date:

