PELHAM FIGURE SKATING CLUB
NEW MEMBER REGISTRATION FORM 2009/2010

Please complete all information – one form per skater

Last Name: _____
First Name: _____ Middle Name: _____
Address: _____
Town/City: _____ Postal Code: _____

Phone #: _____ Male □ Female □

Age: _____ Birth date (d/m/y): _____
Skate Canada #: _____
Home Club if not Pelham: _____

□ New Member

□ Transfer Member Name of Transfer Club _____

Liabilities:
The Pelham Figure Skating Club shall not be responsible for damage, injury, or loss of property to any member of the Club, regardless of the reason or nature of the damage, injury or loss. Furthermore, every member shall use the Club premises at his or her own risk. In case of injury, does this skater have any medical problems such as asthma, diabetes, or drug allergies? If so, please specify.

_____
_____
_____

Parent/Guardian Name: _____
(Please print)

Signature: _____
Date: _____

Please check program and day preferred:

Preschool CanSkate	MON	□	FRI	□
CanSkate	MON	□	FRI	□
Junior Group			FRI	□

***Test skaters** – Junior, Intermediate, and Senior must also complete a Freeskate/Skills form.

Please verify your form to insure that you have registered for the correct program and day of the week. There will be no changes after registration.