

Guelph Figure Skating Club



Fall / Winter 2010 – 2011 Registration Form

Skater Information

Please complete one registration form per skater:

Skater's First name: _____ Last Name: _____

Mother's Name: _____ Father's Name: _____

Primary Contact: Mother Father Other _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Please print clearly as Club communications will be by email.

Date of birth: (Format: DD/MM/YYYY) _____ Age: ____ Sex M or F (circle one)

Skating ability: _____

Special needs or allergies: _____

Emergency Contact Name (other than parent) _____ Phone #: _____

Relationship to skater: _____

**HAVE YOU FILLED IN YOUR EMAIL ADDRESS?
EMAILS WILL BE USED TO SHARE CLUB INFORMATION.**