

REGISTRATION

2015 / 2016 Season



Skater's name:		
Father's name:		Mother's name:
Address:	(Street)	(City/town) (Postal Code)
Phone:	E-mail:	
Date of Birth: / /	Gender:	Medicare #:
Doctor:		
Allergies/Medical Conditions:		
Medications required:		

In consideration of you accepting this registration, I, _____ hereby, for myself, my heirs, executors, administrators, and assigned, waive and release any and all claims for damages I may have against the C.A.S.S.A., S.S.N.B., the Codiac Cyclones Speed Skating Club, the City of Dieppe, their agents, officers or members, for any and all injuries suffered by me.

I here to set my hand and seal this _____ day of _____, 2015

Parent Signature

Codiac Cyclones Registrar

Groups	Level/group	Club Fee	Assoc. Fee	Total	Post Date Fundraising
A & B Or B & LTSS	First Skater	\$ 270	\$ 120	\$ 390	\$ 360
	Second Skater	\$ 245	\$ 120	\$ 365	\$ 360
	Once a week	\$ 200	\$ 115	\$ 315	\$ 175
LTSS (Oct. to March)	First Skater	\$ 160	\$ 100	\$ 260	\$ 130
	Second Skater	\$ 150	\$ 100	\$ 250	\$ 130
A & B (Half Season)		\$ 200	\$ 85	\$ 275	\$ 100
LTSS (Half Season)		\$ 145	\$ 85	\$ 230	\$ 100

Please note: No refunds after October 31st and Fees will not be prorated

2015 -2016 Season Fees	\$
Fundraising	\$
Season Total	\$
Receipt #	

