



DUNDAS FIGURE SKATING CLUB

PO Box 65553 Dundas, Ontario, L9H 6Y6

Phone/Fax: 905-628-4008

www.dundasfsc.ca

2010/2011



#1000351

PLEASE PRINT and use ONE application per skater

Name of Skater:	F M	Birth Date:
Mailing Address:		Skate Canada #:
City:	Postal Code:	Email Address:
Telephone #:		Emergency Phone #:
Health Card #:		Parents/Guardian Name:
Years skated at DFSC:		

Please indicate:

Alumni – Guest fees payable only when skating

Judge/Official

Skate Canada & WOS Registration Fee and Insurance: \$ _____ 30.70

Total Fees Payable: \$ _____

Program Assistant

No Fees

FOR OFFICE USE

Processed by: _____

Date: _____

Payment: Cheque #: _____ Visa MC exp date: _____

Amount: \$ _____ Card number: _____

Name on card: _____

I understand that the Dundas Figure Skating Club is not liable in the case of accident, injury or loss however caused. In submitting this document, I acknowledge that the Dundas Figure Skating Club may use my child's photograph in Club publicity or advertising.
 IDO NOT authorize the Dundas Figure Skating Club to use my child's photograph in Club publicity or advertising.

Signature (Parent /Guardian if under age 18) _____ Date: _____