



Synchronized Skating On-Line Application - 2008/2009

Prince of Wales Skating Club

P.O. Box 26057, St. John's, Newfoundland, A1E 0A5

Telephone: 579-1923

Website: http://www.powsc.ca

e-mail: powsc@yahoo.com

(All applications MUST be accompanied by payment)

Priority is given to skaters from the previous year. Spaces on Teams are limited.

Application does not guarantee position on a team.

Registration form with fields for Skater's Last Name, Mailing Address, Telephone, Birthdate, Last Badge/Freeskate Test Earned, Parents Name, Skaters First Name, City/Postal Code, Email, Gender, Skate Canada Registration #, and Available to Chaperone during Competitions: Y/N.

\*The club reserves the right to change/cancel location/times of sessions depending on ice availability & registration\*

Table with 5 columns: Team, Location, Single Program Cost, Extra Program Cost, Preference. Rows include Masters Team, Junior Team, Novice Team, Juvenile Team, Pre-Juvenile Team, and Canskate Synchro Team.

There are two prices. If registered in another program with the club the cost is \$25 less than if this is the only program in which you are registered.

PROGRAM ASSISTANTS POLICY

Skaters who are 12 years of age or older are required to be a Program Assistant within our CanSkate Program (Not applicable to members of the Masters Team). Please contact the Program Assistant Coordinator.

\*If the skater is unable to fulfill the Program Assistant responsibilities, please contact the club for alternative arrangements

Payment calculation box: Total Registration: \$, Minus PA Credit 07/08: -\$ , Total Cost for 08/09: \$

Payment options:

- Payment options: Cheque(s), Money Order, Visa, Mastercard

Credit Card information fields: Credit Card Number #, Expiry Date, Amount (Sept 30, Oct 29, Nov 30, Jan 30), Cardholder, Signature

RELEASE

The applicant agrees that the Prince of Wales Skating Club and/or its proprietors will not be held responsible for any accidents or loss however caused, and agrees to release the proprietors from all claims or damages which may arise as a result of or by reason of such accidents or loss. We also reserve the right to cancel any program due to lack of registration.

Date: \_\_\_\_\_

Signature of Applicant or Guardian Printed Name: \_\_\_\_\_