Synchronized Skating – 2010/2011
Prince of Wales Skating Club
P.O. Box 26057, St. John's, Newfoundland, A1E 0A5
Telephone: 579-1923 Fax: 579-1343 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.

Skater's Last Name:		Skaters First Name:		
Mailing Address:		City/Postal Code:		
Telephone:		Email:		
Birthdate: MM/DD/YY		Gender:	☐ Male	☐ Female
Last Badge/Freeskate Test Earned:		Skate Canada Registration #		
Parents Name:		Available to Chaperone during Competitions: Y/N		

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

Team	*Location*	*Single Program Cost*	*Extra Program Cost*	*Preference*
Adult Team Saturday 2:00 –3:00 pm ice Minimum age requirement is 25.	F. Gardens	$240	$215	
Intermediate Team Tuesday 6:00-6:50 pm ice Tuesday Off Ice 7:00 – 8:00 Saturday 1.00 – 2:00 pm ice Saturday Off Ice Minimum test requirement is Junior Bronze (or at coaches discretion)	Twin Rinks TBA F. Gardens The Kirk	$390	$365	
Juvenile Team Saturday 3:10 – 4:10 pm ice	F. Gardens	$215	$190	
Elementary Team Saturday 4:10 – 5:00 pm The skaters must be CanSkate stage 6 and up.	F. Gardens	$215	$190	
Beginners Synchro Team Sunday 12:00 – 12:45	Twin Rinks	N/A	$140	

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

Total Registration: $_____
Minus PA Credit 09-10 : -$_____
Total Cost for 10/11: $_____

Payment options:

☐ **Cheque(s)** ☐ **Money Order** ☐ **Visa** ☐ **Mastercard**

Credit Card Number #: _____ **Expiry Date:** _____

Amount : _____**(Sept 30)**_____**(Oct 29)** Cardholder:_____

_____**(Nov 30)**_____**(Jan 30)** 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