



Bowmanville Figure Skating Club

243 King St. East
P.O. Box 23026
Bowmanville, Ontario L1C 5C4

Date: ___ / ___ / ___
Received By: _____
905-435-0890 • www.bfsc.net

REGISTRATION FORM

(Please Print Clearly)

Skater's Name: _____ Date of Birth: ___ / ___ / ___ Sex: M F
(Day Month Year) (Circle one)
Street: _____ Telephone: _____
City: _____ Postal Code: _____ Email _____
Skate Canada # _____ Home Club # _____

*If the Bowmanville F.S.C. is not your home club, a photocopy of the current year's membership is necessary.

Highest Test/Badge Attained: Freeskiate _____ Dance _____ Skills _____ Badge _____

Session: _____ S M T W T F Canskate Program: S (am) T (pm)
(List Membership applied for i.e.: 4 day Level 2) (Circle Day)

Coach: _____
(Required for Canskate Advanced & Up)

Fee \$: _____ Family Discount _____ Club Dollars _____ Total \$: _____
(Membership Fee - Discounts - Club Dollars)

Payee: _____ Deposit: \$ _____ / _____ / _____ Cash/Cheque
(Day Month Year) (Circle one)

Payments: \$ _____ / _____ / _____ \$ _____ / _____ / _____
(Day Month Year) (Day Month Year)
\$ _____ / _____ / _____ \$ _____ / _____ / _____
(Day Month Year) (Day Month Year)

Note: Applications without fees for the full amount (Deposits and Post dated cheques) will not be processed. Note: All NSF cheques will be charged a \$40.00 service charge.

Waiver: I, the applicant agree that the Bowmanville Figure Skating Club (B.F.S.C.) and/or its Executive will not be held responsible for any loss or accident, however caused, and agree to release the B.F.S.C. and/or its Executive from all claims or damages which may arise as a result of/or by reason of such loss or accident.

By signing below, I hereby provide authorization to the B.F.S.C. to release the name, address and year of birth of the registrant identified on this registration form to the Municipality of Clarington. This information is being collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and under the authority of the Municipal Act for the sole purpose of verifying participation numbers and the allocation of ice time in the community. I agree to read and abide by all B.F.S.C. Policies, Procedures and Parent Code of Conduct. B.F.S.C. reserves the right to adjust ice sessions and schedules as required.

I, the applicant also agree that the registrant's photo and/or name can be used for the purpose of promoting the club and its participants. _____ Parent must initial.

Parent/Guardian Name PRINT: _____

Date: ___ / ___ / ___ Signature: _____
(Day Month Year)

White Copy - Registrar

Yellow Copy - Treasurer

Pink Copy - Applicant