



**Wild Rose FSC - FALL/WINTER 2009/2010**  
**2009-2010 OFF - ICE Registration Form**  
**September to December 2009**

**Skaters Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Home Phone #** (    ) \_\_\_\_\_ **Work/Cell #** (    ) \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **Contact #** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Contact #** \_\_\_\_\_

**Waiver of Liability**

In consideration of the acceptance of this registration, we the undersigned agree to hold and save harmless, the Wild Rose Figure Skating Club Calgary and its members of the Executive Committee, the Jack Setters Community Association the Fairview Women's Hockey Arena Society, Max Bell Arena, SFC Arena, Trico Arena, Skate Canada and their employees, officers or servants, for any claims or injuries sustained during skating sessions or for the loss of property. The applicant agrees to abide by the rules and regulations of the Wild Rose Figure Skating Club, and Skate Canada, and to be responsible and pay promptly for all instruction and fees owing. I have read and understand the Wild Rose FSC "Skater's & Parents pledge" regarding code of conduct.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Parent/Guardian Signature  
(for participants under 18 yrs)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Communication Consent and Media Waiver and Release:**

**Communication Consent:** I/We hereby give permission to the Wild Rose Figure Skating Club to transmit communications to me/us at the phone numbers and/or email address listed below. This will only be used for the purpose of communicating information by our club for the 2009-2010 season. The Wild Rose Figure Skating Club will not share this information with any other organization. **Media Waiver and Release:** I consent to my child being photographed, interviewed and/or videotaped by representatives of the Wild Rose Figure Skating Club, media outlets, (newspaper, television stations etc.). Any information or images obtained from those activities may be reproduced by the club and/or the public media for use in advertising and publicity, including but not limited to club publications, videos, television news, print and website. I hereby waive any claims I may have, and release the club and its executive members from liability of claims arising out of such activities.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Contact Tel #** \_\_\_\_\_



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				<i>Price/Session</i>	<b>Total</b>
<b>Max Bell Arena</b>					
<b>Friday</b>	5:30 to 6:30 pm			<b>\$130</b>	\$ <input type="text"/>
<b>Fit Zone</b>					
<b>Saturday</b>	1:45 to 2:45 pm			<b>\$120</b>	\$ <input type="text"/>
<b>Fairview Arena</b>					
<b>Thursday</b>	5:45 to 6:30 pm			<b>\$105</b>	\$ <input type="text"/>
<b>TOTAL COST</b>					\$ <input type="text"/>
<b>TOTAL ENCLOSED:</b>					\$ <input type="text"/>

**\*\*All Schedules subject to change based on registration.\*\***

**OFF - ICE DATES**

<b>Max Bell Arena - Friday</b>	
First Day Sept 18 Cancel Nov 27 - Calgary Region Open Last Day Dec 18	Start Back Friday Jan 8 2010
<b>Fit Zone - Saturday</b>	
First Day Oct 3 Cancel Nov 28 - Calgary Region Open Last Day Dec 12	Start Back Saturday Jan 9 2010
<b>Fairview Arena - Thursday</b>	
First Day Sept 17 Last Day Dec 17	Start Back Thursday Jan 7 2010

*For Office Use Only*

Payment Type:    Cheque   -   Cash	Cheque # <input type="text"/>
Amount of Payment: _____	
Date of Payment: _____	
Entered into Skate Canada Database	<input type="checkbox"/>
Entered into WRFSC Database	<input type="checkbox"/>
Comments:	

**Mail completed registration form(s) with cheque payable to Wild Rose FSC (do not mail cash) to:**  
**WRFSC Registrar, c/o 112 Riverview Close SE, Calgary, AB T2C 4C6**