



info@glideskatingacademy.com 705-300-0218
www.glideskatingacademy.com Toll Free: 1-800-768-6992

STUDENT INFORMATION (please print) Each student requires a separate registration form.

FIRST NAME: LAST NAME:
AGE: BIRTH DATE: M F
MEDICAL CONDITIONS/MEDICATION/ALLERGIES:

PARENT INFORMATION

FIRST NAME: LAST NAME:
HOME PHONE: EMAIL:
CELL PHONE: MAILING ADDRESS:
WORK PHONE: CITY: POSTAL CODE:

EMERGENCY CONTACT

NAME OF FRIEND OR RELATIVE: PHONE NUMBER:

MARCH BREAK CAMP SELECTION

Full Day Camp 8:30AM-4:30PM Days Attending Camp: MON TUES WED THURS FRI ALL
Half Day Camp Days Attending Camp: MON TUES WED THURS FRI ALL
AM 8:30am-12:30pm PM 12:30pm-4:30pm
Skating Lessons Only Days Attending Camp: MON TUES WED THURS FRI ALL
AM 9:00am-10:00pm PM 3:00pm-4:00pm

Want to substitute Swimming or Skating for Arts and Crafts? Indicate sport and time:

SKATERS LEVEL

BEGINNER/NEW STUDENT
RETURNING TO GLIDE (specify level passed)
PREVIOUS SKATING LESSONS (specify level)
HOCKEY (specify level/team)
FIGURE SKATING (specify level)

CHOOSE YOUR CLASS (on ice selection pick one)

LEARN TO SKATE INTRO TO POWER POWER SKATING ACADEMY ADULT SKATE
INTRO TO HOCKEY HOCKEY FUNDAMENTALS INTRO TO FIGURE SKATING FIGURE SKATING ACADEMY

CAMP COSTS (visit us online or call for prices)

CAMP PRICE: HST: GRAND TOTAL:

REGISTRATION PAYMENT OPTIONS

METHOD OF PAYMENT: Visa Mastercard etransfers: info@glideskatingacademy.com

If paying by credit card, your address above must match the registered address for the credit card.

CREDITCARD NUMBER:

EXPIRY DATE: (CVV) CREDIT CARD CODE (3 DIGITS ON BACK OF CARD):

NAME ON CREDIT CARD:

Address for Credit Card if different than above:

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor/child or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor/child may have (or accrue to me or my minor/child) as a result of participating in this activity against Glide Skating Academy, including its officials, agents, volunteers, employees and self contractors. I do hereby fully release and forever discharge them from any and all claims for injuries, damages or loss that my minor/child or I may have or which may accrue to me or my minor/child and arising out of, connected with, or in any way associated with this activity. The applicant also agrees -to -the -use -of any pictures -or -videos taken -for- marketing or -promotion- and- are fully aware of our cancellation policy. Refunds will only be issued 7 days prior to the start date of each program minus a \$25.00 cancellation fee. No refunds will be issued after this date.

Where did you hear about us?:

PARENT/GUARDIAN SIGNATURE: DATE: