

STUDENT INFORMATION (please print)

Each student requires a separate registration form

FIRST NAME: _____ LAST NAME: _____
AGE: _____ BIRTH DATE: _____ M F

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: _____

SKATERS LEVEL

- ☐ BEGINNER _____
☐ RETURNING TO GLIDE (specify level passed) _____
☐ PREVIOUS SKATING LESSONS (specify level) _____
☐ HOCKEY (specify level/team) _____
☐ FIGURE SKATING (specify level) _____

1. CHOOSE YOUR CLASS

- ☐ PRE-SCHOOL ☐ LEARN TO SKATE ☐ INTRO TO POWER ☐ POWER SKATING ACADEMY ☐ ADULT SKATE
☐ INTRO TO HOCKEY ☐ HOCKEY FUNDAMENTALS ☐ INTRO TO FIGURE SKATING ☐ FIGURE SKATING ACADEMY
☐ HOCKEY DEVELOPMENT PROGRAM

2. CHOOSE YOUR SESSION

- ☐ FALL ☐ WINTER ☐ SPRING

3. CHOOSE YOUR TIME

- ☐ BRADFORD
Day/Time: _____

4. LESSON COSTS (visit us online or call for lesson prices)

LESSON PRICE: _____ HST: _____ GRAND TOTAL: _____

REGISTRATION PAYMENT OPTIONS

METHOD OF PAYMENT: ☐ Visa ☐ Mastercard ☐ etransfer: info@glideskatingacademy.com

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

CREDIT CARD 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: _____