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2010 Winter Application Form

Photocopy Application Form as Required
 1 Application/Skater

Office Use Only: Date Rec'd/Initial

SKATER PERSONAL INFORMATION:

New EYSC Member: **YES NO**

Last Name _____ First: _____ Middle Initial: _____ Gender: **F M**
 Address: _____ Apt#: _____
 City: _____ Prov: _____ Postal Code: _____
 Birth Date (print as month/day/year): _____ Health Card#: _____
 Parent/Guardian(s): _____
 Numbers Home: _____ Work: _____
 Cell: _____ Other: _____

ELECTRONIC MAILINGS: Please indicate if you would prefer to receive notices via e-mail- **Check Yes or No** **YES** **NO**

If Yes indicate main **E-mail** Address: _____

If No then parent/skater will be responsible for picking up all notices in the club office and reading bulletin boards **REGULARLY** regarding any changes in schedule or new information. Notification of pick-up for hand-outs will be posted on the bulletin board in lobby (by the elevators), at dressing room level and by the Club Office. If a box is not checked then the club will assume **NO**.

SKATING INFORMATION & QUALIFICATIONS:

Past Skating Information: Have you skated at another Club? **No** **Yes**-If yes state Skate Canada #: _____

10/11 Home Club Declaration: **EAST YORK SC-#1000434** **OR** **OTHER**-Club: _____ Club#: _____

New Skater: YES NO (If yes, skip rest of this section) If yes how did you hear about EYSC: Parks & Rec, Friend/Family, Other: _____

Badges Passed: CanSkate Badge Passed: **Stage** _____ Other badges, certificates, etc.: _____

Test Passed: Freeskate: _____ Dance: _____

Skills: _____ Interpretive: _____ Competitive/Others: _____

SESSION REGISTRATION:

(See pgs 6-7 for qualifications & days: **CHECK ONLY** the 1 session the skater is **QUALIFIED** for. **Check DAYS** skating & fill in **SESSION** beside.)

Session (check one **ONLY**): **CanSkate 1** **CanSkate 2** **A** **B** **C** **D** **E** **ADULT**

Days/Session: **SU**: _____ **MO**: _____ **TU**: _____ **WE**: _____ **TH**: _____ **FR**: _____

N/A to CanSkate: **Extra Day:** **Yes** Show extra/exchanged days above. **Morning Program:** **YES** - **Check Day(s)** **TU** **TH**

SESSION FEES:

1. *Session Membership Fees: _____ (See Page 7 of Brochure for Fees-**includes fundraising fees**)

2. Family Discount: _____ (**\$40** for each **additional** family member-no discount for 1st skater)

3. \$10 Early Reg. Discount: **Not Applicable**

4. Skate Canada Fee: _____ → EYSC Home Club **YES:ADD \$30** **NO:ADD \$0** (See pg 8 of Brochure)

5. Extra Day Fee: _____ (Not Applicable to CanSkate1 & CanSkate2 Sessions)

6. Morning Program Fee: _____ (Not Applicable to CanSkate1 & CanSkate2 Sessions)

7. Credit (PA, Music, Other): _____ Description of credit: _____

8. Locker Registration Fee: _____ → **RETURNING** Locker User **NEW** Locker User (See reverse **FIRST**)

9. **TOTAL FEES** (lines 1 to 8): _____ **Fees are NON-REFUNDABLE**

PLEASE SEE REVERSE FOR METHOD OF PAYMENT →

PARENT VOLUNTEER: **CHECK** area(s) you would like to volunteer. **THIS SECTION IS MANDATORY TO COMPLETE REGISTRATION.**

Test Days **Competitions** **Special Events** **Office** **Registration** **Ice Captains** **Hospitality** **General** **Other:** _____

IMPORTANT NOTICE (All applications & fees must be submitted before taking to the ice.)

In consideration of the facilities of the East York Arena, it is clearly understood that the East York Skating Club, and/or its Board of Directors, will not be held responsible for any accident or loss, however caused and that the applicant agrees to release the said Club, its Board and the Proprietors from all liability claims and damages which may arise, as a result of, or by reason of, such accident or loss. The Club may photograph and/or videotape events throughout the year, in which skaters in the Club will be shown. I understand this and give permission to the Club to publish these photographs and/or videotapes.

I have read the Information Brochure and clearly understood the Rules & Regulations set forth by the East York SC.

Parent/Guardian/Skater Signature: _____ **Date:** _____

PLEASE SEE REVERSE FOR HARNESS WAIVER FORM, LOCKER REGISTRATION & METHOD OF PAYMENT.

