



### Intermediate StarSkate Registration – September 2009

*Intermediate StarSkate is for those skaters at the Pre-Preliminary Level and higher*

Please circle the day and time your child will be skating and the cost of the program

Program	Day(s)	Time	Dates	Cost
Group Lesson (includes instruction)	Tuesday	4:00-4:10: Stroking 4:10-4:25: Skills/Dance 4:25-4:45: Jumps & Spins	Sept. 15, 22, 29	\$45.00
Private Lesson Ice (includes group stroking lesson)	Wednesday	3:15-3:30: Stroking (Jr & Int.) 3:30-4:30: Private Lessons	Sep 16, 23, 30	\$25.00
Private Lesson Ice	Friday	3:30-4:30: Private Lessons	Sep 18, 25, Oct 2	\$25.00
Private Lesson Ice (includes group stroking lesson)	Friday	4:30-4:45: Intermediate Stroking 4:45-5:45: Private Lessons	Sep 18, 25, Oct 2	\$25.00

Private Lessons are available. Please contact Yoshie Measures at 250.551.1222 or [amyoshie@hotmail.com](mailto:amyoshie@hotmail.com) to arrange lessons for your skater. Please contact her as soon as possible.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female

Skate Canada No.: \_\_\_\_\_ Medical No: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone No: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Skating Level: \_\_\_\_\_

Waiver: it is understood and agreed, as a condition of participation in skating programs offered by the Nelson Figure skating Club (NFSC) and Skate Canada, that neither the NFSC, coaches, staff nor Skate Canada shall be liable for any injury, loss or damage suffered by the above noted member while traveling to or from, or while participating in skating practices, competitions or other activities however caused. The member, parent and his/her legal guardian who has signed this form, shall indemnify the NFSC and Skate Canada and hold them harmless from any claims, demands of actions arising from or in respect of such injury, loss or damage.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### Parent/Guardian Release for Publicity Purposes

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, hereby give my permission for a photograph to be taken of my child for publicity purposes regarding the Nelson Figure Skating Club.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Send Registration Form along with cheque payable to the Nelson Figure Skating Club to:**

Nelson Figure Skating Club, PO Box 345, Nelson, BC V1L 5R2

Contact: Jane Macleod: 250.352.6510

Website: [www.nelsonfigureskatingclub.ca](http://www.nelsonfigureskatingclub.ca)