Cypress
School of Skating

NEW CANADIAN PROGRAM REGISTRATION FORM

SKATER'S FULL NAME: DATE OF BIRTH: AGE:

PARENT/GUARDIAN NAME (if under 18):

PHONE NUMBER: EMAIL ADDRESS:

HOME ADDRESS:

EMERGENCY CONTACT NAME: EMERGENCY CONTACT PHONE NUMBER:

ARE YOU A NEW CANADIAN WITHIN THE LAST 5 YEARS? ☐ YES ☐ NO

SHOE SIZE: SHIRT SIZE:

ANY ALLERGIES:

HAS THE PARTICIPANT SKATED BEFORE? ☐ YES ☐ NO

PROGRAM TIMES

PARTICIPANT WILL SKATE DURING THE FOLLOWING TIMES
(All New Canadian participants skate during CanSkate)

- ☐ Tuesday – 6:00 – 6:45 PM
- ☐ Wednesday – 5:15 – 6:00 PM
- ☐ Saturday – 12:00 – 12:45 PM

TEEN / INTERNATIONAL

- ☐ Thursday – 6:00 – 6:45 PM

PHOTO/MEDIA CONSENT:

I give permission for Cypress School of Skating to use photos and/or videos of the participant for promotional purposes including, but not limited to, our website, social media, and printed materials.

☐ YES, I GIVE PERMISSION ☐ NO, I DO NOT GIVE PERMISSION

SIGNATURE *(Parent/Guardian if under 18 or Participant if 18+):* **DATE:**

TO CONFIRM YOUR REGISTRATION, YOU MUST SEND THIS FORM BACK WITH PAYMENT.

E-TRANSFER $25 TO **office@csos.ca**

PLEASE PUT THE PARTICIPANT'S NAME IN THE NOTES.

Thank you! ♥