

GRANDVIEW SC FALL ICE SCHEDULE -

NON - MEMBERS FORM

Price List For STAR 4 & 5/Sr STARSkate /Competitive
September 7th - December 17th, 2016 (14 wks) Trout Lake Arena

<u>DAY</u>	<u>TIME</u>	<u>SESSION</u>	<u>ICE FEES</u>
Monday	3:30 - 4:30pm	Sr Freeskate/Group Enrichment	\$185.00 _____
	4:35 - 5:05pm	Sr Skater Mental Prep	TBA _____
Wednesday	5:30 - 6:15pm	Pattern/Edges & Elements	\$112.00 _____
	6:15 - 7:15pm	Sr Freeskate/Group Enrichment	\$185.00 _____
Thursday	4:15 - 5:00pm	Pattern/Edges and Elements	\$112.00 _____
	5:00 - 5:30pm	Group Enrichment /Spins (Jr + Sr)	\$150.00 _____
	5:30 - 6:15pm	Senior Freeskate	\$112.00 _____
Saturday	10:45 - 11:00am	Group Enrichment (Cardio)	\$73.00 _____
	11:00 - 11:45am	Pattern/Edges and Elements	\$112.00 _____
	11:45 - 12:30pm	Sr Freeskate	\$112.00 _____

OFF-ICE/DRYLAND TRAINING: September 8 - December 15, 2016

Thursday	6:30 - 7:15 pm	Maki Strength Training - Sr	\$150.00 _____
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GRANDVIEW S.C. - LOW TEST DAY: December 7th - WEDNESDAY SESSION- No Classes
JINGLE BLADES COMPETITION: November 24th - November 27th - No Classes

HOME CLUB: _____
NAME OF COACH: _____

FOR CLUB USE ONLY

DATE REC'D: _____

TOTAL REC'D: _____ CASH _____
 CHQ _____

DATE: _____ AMOUNT: _____

CLUB SIGNATURE: _____

Bond Excel Skate Canada

ICE COST +\$ _____
OFF-ICE +\$ _____
TOTAL =\$ _____

SKATER'S NAME _____

GRANDVIEW SKATING CLUB
Registration Form For Test Skaters
NON-MEMBERS

SKATE CANADA # _____

Male Female

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE _____

PHONE # _____

Home #

Cellular # _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: ____ / ____ / ____
Day Month Year

CARE CARD # _____

PARENT/GUARDIAN NAME: _____

WORK PHONE # _____

EMERGENCY CONTACT: _____

PHONE # _____

TESTS PASSED:

FREESKATE

SKILLS

DANCE

INTERPRETIVE

I understand that the GRANDVIEW SKATING CLUB, it's BOARD MEMBERS, COACHES and VOLUNTEERS are not responsible for any accidents, injuries or loss of personal belongings either on or off the ice at the TROUT LAKE ARENA while attending skating sessions. I understand that the GRANDVIEW SKATING CLUB is not responsible for cancellation of classes due to unavailable ice, but will make every effort to re-schedule, if at all possible.

Signature of Parent, Guardian or Skater: _____

Date: _____

TO REGISTER for STARSkate/Competitive Sessions:

- Please complete the both pages of this form in full
- Indicate the sessions you wish to purchase
- Please confirm lessons with coach before registering**
- Submit Registration form by:
 - o **MAIL** to: Grandview Skating Club
C/o Trout Lake Arena
3350 Victoria Drive
Vancouver, B.C. V5N 4M4
 - o **DROP OFF** at the Trout Lake Community Centre reception desk. Please put forms and payment in an envelope marked Grandview Skating Club.
 - o **IN PERSON** at Trout Lake rink during GSC registration times during skating sessions

PAYMENT

- YOUR PAYMENT MUST ACCOMPANY THIS FORM**
- PLEASE MAKE CHEQUES PAYABLE TO "GRANDVIEW SKATING CLUB"
- We do not accept credit cards or debit cards
- There is no refund on ice costs paid or Skate Canada registration

***The Grandview Skating Club reserves the right to change or cancel any program/session based on registration**

****Coaches reserve the right to place a skater in the session that is best suited to his/her ability and experience**