



MOVE CLINIC REGISTRATION FORM

| | | |
|-----------------|-----------------------|----------------------|
| | Skaters Last Name: | Skater's First Name: |
| Parent/Guardian | Date of birth (d/m/y) | Skate Canada # |
| Address: | Postal code | |
| Phone | Email | |
| Family Doctor: | Doctor's Phone | Prov. Health # |

Known Medical Conditions: allergies, asthma, diabetes, etc.

Please circle the following jumps that you are landing consistently:

| | | | |
|----------------|----------------|----------------|----------------|
| Waltz Jump | Salchow | ToeLoop | Loop |
| Flip | Lutz | Axel | Double Salchow |
| Double ToeLoop | Double Loop | Double Flip | Double Lutz |
| Double Axel | Triple Salchow | Triple ToeLoop | Triple Loop |

Coach signature for above: _____

What off-ice training has been done in the past: (eg. ballet, jump technique, strength, yoga)

How often is off-ice completed: (please circle)

| | | | |
|------------|------------|-----------------------------|---------------------------------------|
| Year Round | Off-Season | Seminars/Inconsistent basis | In-Season - (minimum of 2-3 times/wk) |
|------------|------------|-----------------------------|---------------------------------------|

Is a dynamic warm-up completed on a regular basis (minimum of 3-4 times/week): (please circle)

| | | |
|-----|----|--------|
| YES | NO | UNSURE |
|-----|----|--------|

| | | |
|--|--|----------------------------|
| FEES: (please circle) | 2013/14 Annual Skate Canada Fee & Insurance* | \$32.65 |
| FREE | Centre member with full fall pkg purchase | |
| \$25.00 | Centre member without full fall pkg purchase | |
| \$30.00 | Non-Centre member | |
| *paid only once a year Sept. 1 - Aug 31, if not already paid | | Total Registration Fees \$ |
| Fees payable to NBCCS | | Total Owing \$ |

There will be a \$25 surcharge on all NSF cheques

I agree that the Northern BC Centre for Skating of the BC Section of Skate Canada, Coaches, Instructors and Directors shall in no way be responsible or liable for any injury of any kind to parents, guardians, son, daughter, ward or self, arising out of or in the course of the operations of any of the NBCCS Fall, Winter, Spring, Pre-Summer or Summer seasons. It is the intention of the parents, guardians or adult skaters to waive and release any and all claims of any kind whatsoever in law or equity of his or her above mentioned son, daughter, ward, minor or self on account of any injury of any kind arising out of or in the course of any operation of the Northern BC Centre for Skating.

Parent/Guardian signature: _____ Date: _____

It is agreed that my son, daughter, ward, minor or self may have occasion to have their name and/or photo/video published as a result of or in direct relation to activities publicized by the Northern BC Centre for Skating. I hereby waive and release any and all claims whatsoever in respect of such publications

Parent/Guardian Signature: _____ Date: _____

How did you hear about us?

| Office Use Only | FEES RECEIVED | | | |
|-----------------|---------------|------|------|------|
| | Cash | Chq# | Chq# | Chq# |
| Date: | \$ | \$ | \$ | \$ |
| Initial: | | | | |