



# Mayfield Figure Skating Club

## Winter 2008, Session Three

Phone: 780-989-2859 (Jessica)  
780-446-2100 (Lisa)  
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Web: [www.mayfieldskatingclub.com](http://www.mayfieldskatingclub.com)

### KIDSKATE



Our KIDSKATE program is a learn-to-skate program taught in a group format by a Skate Canada Certified Professional Coach. This class is offered to all skaters 3-5 years old with little or NO skating experience.

### RINK LOCATIONS

Callingwood Arena 17740 – 69 Ave	Coronation Arena 13500 – 112 Ave	Kinsmen Arenas 1979 – 111 Street
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Please indicate your selection by checking off one of the following classes:

				SUBTOTAL
<input type="checkbox"/> Tuesday (CALLINGWOOD)	6:30 – 7:00pm	Jan. 8 – Mar. 25, 2007	12 classes	\$85.00
<input type="checkbox"/> Tuesday (KINSMEN)	4:00 – 4:30pm	Jan. 8 – Mar. 25, 2007	12 classes	\$85.00
<input type="checkbox"/> Thursday (CALLINGWOOD)	6:30 – 7:00pm	Jan. 10 – Mar. 27, 2007	12 classes	\$85.00
<input type="checkbox"/> Friday (CORONATION)	6:45 – 7:15pm	Jan. 11 – Mar.14, 2007	10 classes	\$75.00
<input type="checkbox"/> Friday (KINSMEN)	5:00 – 5:30pm	Jan. 11 – Mar. 7, 2007	8 classes	\$60.00
<input type="checkbox"/> Saturday (CALLINGWOOD)	12:45 – 1:30pm	Jan. 12 – Mar. 22, 2007	11 classes	\$80.00

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender M / F  
 Birthdate \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
 Home Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_ AB Healthcare No. \_\_\_\_\_  
 Skate Canada No. \_\_\_\_\_ Medical Conditions \_\_\_\_\_  
 Emergency Contact/ Phone No. \_\_\_\_\_

Have you had skating lessons in the past?  Yes  No If yes, what level did you achieve? \_\_\_\_\_

Have you skated with the Mayfield Figure Skating Club since September 2007?  Yes  No

How did you learn about our programs? \_\_\_\_\_

KIDSKATE	Subtotal:	
Skate Canada + Insurance Fees: (Pay this fee only once between Sept, 2007 & Aug. 2008.)	\$30.00:	\$
	<b>TOTAL:</b>	\$

*In that the Mayfield Figure Skating Club may be skating on other ice surfaces during lesson times, we hereby agree to release the club from any claims arising due to personal or property injury, damage or loss, howsoever caused, or that may be suffered by any person on or using the facilities in which the club offers its skating programs. In addition, we give permission for photographs of our skater to be used for club marketing purposes.*

*I accept full financial responsibility for this application form. Further, I agree to abide by the Rule and Regulations of Skate Canada and Mayfield Figure Skating Club as set down by the Board of Directors. I agree that the Mayfield Figure Skating Club and/or their Directors and Coaches will not be held responsible for any accident or loss, however caused, and damages which may arise from such accident or loss.*

Make cheques payable to Mayfield Figure Skating Club.  
Mail with registration form to:

Mayfield Figure Skating Club  
Callingwood RPO, PO Box 78038  
Edmonton, AB T5T 6A1

Parent Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

No refunds after first lesson except at the discretion of the Club.

**CSA-approved helmets are required.**  
**Bike helmets will NOT be permitted.**