



# Mayfield Figure Skating Club

## Fall 2008

### Session One

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



**KIDSKATE** is a learn-to-skate program taught in a group format offered to skaters 3-5 years old with little or NO skating experience.  
**LEARN-TO-SKATE** is a group program for children aged 4 and up  
 All of our programs are taught by Skate Canada Certified Professional Coaches.

#### RINK LOCATIONS

Callingwood Arena 17740 – 69 Ave	Kinsmen Arenas 1979 – 111 Street
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Please indicate your selection from the following classes:

KIDSKATE				SUBTOTAL
<input type="checkbox"/>	Tuesday (KINSMEN)	4:00-4:30pm	Sept. 16-Oct. 21st	6 classes \$45.00
<input type="checkbox"/>	Tuesday (CALLINGWOOD)	6:30-7:00pm	Sept. 16-Oct. 21st	6 classes \$45.00
<input type="checkbox"/>	Thursday (CALLINGWOOD)	4:00-4:30pm	Sept. 18-Oct. 30th	7 classes \$52.00
<input type="checkbox"/>	Thursday (CALLINGWOOD)	6:30-7:00pm	Sept. 18-Oct. 30 <sup>th</sup>	7 classes \$52.00
<input type="checkbox"/>	Friday (KINSMEN)	5:00-5:30pm	Sept. 19-Oct. 24th	6 classes \$45.00
<input type="checkbox"/>	Saturday (CALLINGWOOD)	12:45-1:15pm	Sept. 20-Oct. 25th	6 classes \$45.00
LEARN-TO-SKATE				
<input type="checkbox"/>	Tuesday (KINSMEN)	4:00-4:45pm	Sept. 16-Oct. 21st	6 classes \$60.00
<input type="checkbox"/>	Tuesday (CALLINGWOOD)	6:30-7:15pm	Sept. 16-Oct. 21st	6 classes \$60.00
<input type="checkbox"/>	Thursday (CALLINGWOOD)	6:30-7:15pm	Sept. 18-Oct. 30th	7 classes \$70.00
<input type="checkbox"/>	Friday (KINSMEN)	5:00-5:45pm	Sept. 19-Oct. 24th	6 classes \$60.00
<input type="checkbox"/>	Saturday (CALLINGWOOD)	12:45-1:30pm	Sept. 20-Oct. 25th	6 classes \$60.00

\* START DATES for session two are the following: Tues. (Kinsmen&Callingwood) Oct. 28/08, Thurs. (Callingwood) Nov. 6/08, Fri. (Kinsmen) Nov. 7/08 & Sat. (Callingwood) Nov.1/08. Registration forms for next session will be available the week of Oct. 6<sup>th</sup>, 2008\*

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

<b>PROGRAM</b>	Subtotal:	\$
Skate Canada + Insurance Fees: (Pay this fee only once between Sept, 2008 & Aug. 2009.)	<b>\$30.00:</b>	<b>\$30.00</b>
	<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.*

Please 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**

OR

Register at one of the following registration nights and receive a 10% discount off the program fee.  
 (Discount excludes Skate Canada fee)

Friday, Sept. 12/08 Kinsmen Arena 5:00-7:00 pm  
 Saturday, Sept. 13/08 Callingwood Arena 1:00-3:00 pm  
 Monday, Sept. 15/08 Callingwood Arena 6:00-8:00 pm

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

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

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