

Forest Skating Club PO Box 1264, Forest, ON N0N 1J0
Program Assistant Registration

Last Name	First Name	Mailing Address (include 911 address)	Postal Code
Phone #	Alternate Phone #	Email Address	

	Date of Birth:

Please check the days & itmes you are committing to:

	Preschool & Canskate Monday	...6:00-7:00p.m.	1 hr
	Preschool & Canskate Thursday	...5:30-6:00p.m.	1/2 hr

Changes in your availability must be discussed with the Program Coach at least 2 weeks in advance.

Sessions start Monday, Oct 5, 2009 until March 12, 2010
No skating thanksgiving, Christmas Break & Family Day

I understand that the Forest Skating Club professionals, board of directors, and employees of the Forest Arena will not be held responsible for any accidents, injuries, damages or loss of property however incurred, whether on or off the premises and shall be released from any and all claims.

I give permission to photography myself for use in the Club's advertising &/or albums.

Date: _____

Signed: _____

Please note: all sessions are subject to change &/or cancellation due to enrollment.

Applications can be returned to the mailing address above or brought into one of our registration times.
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