

Registration Form

- Returning Participant
- New Participant

SESSION REGISTERING FOR: Fall Winter Spring Summer

PART A - FAMILY INFORMATION

Participant's Last Name _____ Participant's First Name _____

Age _____ Date of Birth _____

Email address _____ Phone # _____

Previous skating level _____

Medical Notes _____

Emergency Contact's Information

Name and Relation _____

Email address _____ Phone # _____

PART B - PROGRAM INFORMATION

Program Name _____ Days & Time _____

Please choose which program you would like to sign up for from the Skating/Hockey Program Schedule

Fee _____

PART C - PAYMENT METHOD

Total Fee _____

All payments will be made and processed to our company SWIM 101 Inc..

Method of Payment:

Cash  _____ - - - - - Expiry Date _ _ / _ _ CVV _ _ _

e-transfer to: info@101sportsgroup.ca  _____ - - - - - Expiry Date _ _ / _ _ CVV _ _ _

Card Holder's Name (Please Print) _____

Signature of Card Holder _____ Date _____