



## Try-Out Registration 2016-2017 Season

Personal & Contact Information					
Name			Date of Birth (dd/mm/yyyy)		
Home Address			City		
Home Phone			Cell Phone		
E-mail (please print clearly)					
Home Club			Skate Canada	#	
Mother's Name			Cell Phone		
Father's Name			Cell Phone		
Emergency Contact			Cell Phone		
Highest Test Passed					
Free		Skate Skills		Dance	
Competitive		Singles		Dance	
				Pairs	
Synchronized Skating					
Current Team				Number of Years	
Past Teams				Number of Years	
For the upcoming season, I will be attending...					
High School				City	
University				City	
Employed				City	
I have my own transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No      I need to carpool: <input type="checkbox"/> Yes <input type="checkbox"/> No					
I hereby declare that I am a member in good standing with Skate Canada					
_____ Skater's Signature			_____ Parent's Signature (if skater under 18)		
Payment Information					
Cash	\$	Received	Cheque #	\$	Received