



# BRANT SKATING CLUB

## SENIOR REGISTRATION FORM

Skate Canada number (if available): \_\_\_\_\_

### REGISTRANT INFORMATION:

First Name: _____	Last Name: _____
Address: _____	City: _____
Postal Code: _____	Date of Birth: _____

### PARENT/GUARDIAN INFORMATION:

Parents/Guardians Names: _____	
Address (if different from above): _____	
Telephone #: _____	Email: _____

Has this child skated with another club?

Yes  No Name of club: \_\_\_\_\_

Highest badge or Skate Canada test passed: \_\_\_\_\_

Name of coach: \_\_\_\_\_

Please check if this is a family application:

2<sup>nd</sup> family member  3<sup>rd</sup> family member

Have you been referred by a Brant Skating Club member?

Name: \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES OF THIS FORM

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