

# Fisher Park Community Recreation Council

## Learn to Skate Program

(Helmets must be worn on the ice)

|   |  |
|---|--|
|  | <p><b>Winter 2018</b></p> <p><b>Tom Brown Arena, 141 Bayview Ave</b></p> <p><b>Saturdays Jan 13-Mar 10 9 Weeks</b></p> |
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**\*\* Payment by CASH or CHEQUE only\*\***

**\$ 90 / Child**  
**\$155 / 2 Children**  
**\$190 / 3 Same Family**  
**Cash/Cheque Only**

.....3-5 year olds 12:00 – 12:50 pm  
 .....3-5 year olds .....1:00 – 1:50 pm  
 .....5-12 year olds 12:00 – 12:50 pm  
 .....5-12 year olds 1:00 – 1:50 pm  
 .....8-14 year olds 1:00 – 1:50 pm **POWER SKATING**

(x) Choose Age/Time

CHILD'S NAME: ..... M/F Age:..... DOB d...../m /

CHILD'S NAME: ..... M/F Age:..... DOB d...../m /

CHILD'S NAME: ..... M/F Age:..... DOB d...../m /

Home Phone:..... Work Phone:..... Cell Phone:.....

Address: .....Postal Code .....

Does your child have a Health / Special Need: .....

Parent(s)/Guardian(s) .....Relationship to child .....

E-Mail Address ..... (Please print clearly)

( ) I agree to receive e-mail updates and programming information from Fisher Park Community Centre and the Fisher Park Recreation Council

Emergency Contact: .....Telephone: .....

I do hereby waive any claims against the City of Ottawa and the Fisher Park Community Recreation Council in the event of any injury or accident that may be sustained while taking part in this program.

Date: ..... x Signature: .....

Receipt #: ..... Cash \$ ..... Cheque: \$..... Initials: .....

Please fill out all but the last line of the receipt below

### Fisher Park Community Recreation Council Receipt

**250 Holland Ave. Ottawa, On K1Y 0Y5**

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Fees Paid: \$.....

Received from: ..... Date: .....

Child's Name: ..... Year of birth: .....

Staff Signature: ..... Receipt Number:.....