

<u>Age</u>

3 to 5 year olds

X Select

FISHER PARK COMMUNITY RECREATION COUNCIL LEARN TO SKATE FALL 2019 REGISTRATION

<u>Dates</u>

Oct 12th - Dec 7th

<u>Day</u>

Saturday

| | Like us | \ |
|---|---------|---|
| ' | on |) |
| | | / |

<u>Time</u>

12:00 - 12:50 pm.

| 3 to 5 year olds | Saturday | Oct 12 th | - Dec 7 th | 1:00 – 1:50 pm. | |
|---|--|-------------------------------------|-----------------------------------|--|------|
| 5 to 12 year olds | Saturday | Oct 12 th | - Dec 7 th | 12:00 – 12:50 pm. | |
| 5 to 12 year olds | Saturday | Oct 12 th | - Dec 7 th | 1:00 – 1:50 pm. | |
| 8 to 14 year olds POWER SKATING | Saturday | Oct 12 th | - Dec 7 th | 1:00 – 1:50 pm. | |
| \$90/per child \$155/2 children \$190 | /3 children | same fa | mily *Paymen | t by CASH or CHEQUE O | NLY* |
| CHILD'S NAME: | M/ | F Age:_ | DOB_ | | |
| CHILD'S NAME: | M/I | = Age:_ | DOB | | |
| CHILD'S NAME: | M/F | : Age:_ | DOB_ | | |
| Home Phone: () | | | | () | |
| Address: | | | Postal Code | : | |
| Parent/Guardian Names: | | | | | _ |
| Email (print clearly): | | | | | |
| () I agree to receive e-mail updates and programming information | tion from Fisher P | ark Commun | ity Centre and the | Fisher Park Recreation Counci | I |
| Health or Special Needs: | | | | | |
| Emergency Contact: | | | Phone:() | | |
| I do hereby waive any claims against the City of Ottawa and accident that may be sustained while attending or taking pa *Parents (or a designated person) are responsible for super | rt in this progran vising their child | n. <u>*Childrer</u> /children du | n must be superviring the Skating | <u>vised at all times.*</u> Program.* |)r |
| D | ate | | Signature | ž | |

Location: Tom Brown Arena, 141 Bayview Ave

*** Helmets must be worn on the ice ***

| * Please complete information below* | Receipt # | Amount \$ |
|--|-------------------------------|---------------------------------------|
| Fisher Park Community Re 250 Holland Ave. Ott | creation Council Receipt | |
| Fisher Park Fall Learn to Skate 20 | 19 October 12 th 1 | to December 7 th - 9 Weeks |
| Fees Paid: \$ | | |
| Received From: | Date : | |
| Child's Name | Year Of Birth | |
| Staff Signature: | Receipt #: | |