



2014 SUMMER REGISTRATION FORM

INTERMEDIATE PROGRAM

JULY 2, 2014 - AUGUST 8, 2014

LAST NAME: _____ **FIRST NAME:** _____ **F/M** _____
ADDRESS: _____ **CITY:** _____ **POSTAL CODE:** _____
PHONE: _____ **CELL:** _____ **E-MAIL:** _____
BIRTHDAY: _____ **LEGAL GUARDIAN:** _____ **COACH:** _____
MM/DD/YY
CARE CARD# _____ **SKATE CANADA#** _____

TIME	SCHEDULE	TRAINING CENTRE		
9:40-10:25AM	Freeskate	Pearkes Arena		
10:25-10:55AM	Dance/Skills (M,W,F) / Stroking (T,Th)	Pearkes Arena		
11:10-11:55AM	Off-Ice	Pearkes Arena		
12:00-12:15PM	Supervised lunch	Pearkes Arena		
12:20-12:50PM	Freeskate	Pearkes Arena		

Date: _____ DAILY PRICE (M,W,F) \$35.00
 Date: _____ DAILY PRICE (T,Th) \$39.00
 Week: 1 2 3 4 5 6 WEEKLY PRICE (wk 1) \$102.00
 WEEKLY PRICE (week 2,3,4,5,6) \$168.00

*****ON ICE COACHING FEES will be billed directly by the coaches*****

Members paying by cash or cheque receive a 3.0% discount

Less 3.0% discount

PACKAGE PRICE \$768.00

TOTAL FEE PAYABLE

\$ _____

Skaters registering for a minimum of 5 days will receive a free RCV T-shirt

T-shirt size _____

Note: For those who would like a Child Tax Benefit receipt, please indicate the name you would like to appear on the receipt.

NAME _____

PAYMENT OF FEES:

Cheque Amount: \$ _____

Please make all cheques payable to RCVFSC. **Registration is due by JUNE 20th or there will be a \$25.00 late fee.**

All sessions must be purchased in their entirety and are non-transferable. Sessions may be cancelled if less than 10 are registered.

Please mail registration form to: RCVFSC PO Box 31085, University Heights RPO, Victoria BC V8N 6J3 or give directly to Michele Yung

CREDIT CARD PAYMENTS

Payment Amount: \$ _____

VISA _____ MC _____ Card Number: _____

Expiry Date _____/_____/_____

Name as it appears on card: _____

Card holder will pay card issuer above amount (TOTAL FEES) pursuant to cardholder agreement.

Signature: _____

Date: _____

REFUND POLICY

No refunds will be given to skaters who leave on their own accord. The only exception considered will be for major medical conditions affecting the skater and confirmed by a physician's statement. 14 skating days minimum missed for eligibility. Requests must be in writing and submitted to the Director's attention. There will also be a \$25.00 administration fee for any accepted credits/refunds.

LIABILITY AGREEMENT

The skater, or if the skater is under 18 years of age, the skater and the parents/guardians agree: The skater skates at his/her own risk. The skater will not hold the RCVFSC and its officers or employees responsible for any loss or damage sustained through injury to the skater, or other skaters on or off the ice or any other liability loss, damage or expenses incurred as a result of the skater attending the RCVFSC Summer 2014 camp. The skater will abide by the rules of the RCV & Skate Canada. All fees for skating booked will be paid in advance. The RCVFSC reserves the right to use a skater's photo or likeness for publicity and/or promotion. Coaching fees (if applicable) will be paid within 7 days of receipt of bill and paid in full prior to trying test(s).

SIGNED: _____

DATE: _____

(Parent/Guardian if skater is under 18 years)