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| **CPV Les Ailes d’Or de LaSalle – Season 2018/2019** |
| **IDENTIFICATION OF SKATER** |
| Name: |
| Date of birth (DD/MM/YY): / / | Sex: M F |
| Main email: |
| Address: |
| City: | Postal code: |
| Tel (home): | Tel (cell): |
| **IDENTIFICATION OF PARENTS (In the case of a minor child)** |
| Father | Mother |
| Name: | Name: |
| Tel: Home Cell | Tel: Home Cell |
| Email: | Email: |
| Income tax receipt in the name of: father mother skater |
| **IN CASE OF EMERGENCY** |
| Name of person to contact in case of emergency: |
| Tel: | Relationship to skater: |
| **REGISTRATION FEES** |
| Skating school (complete season) \* | 225$  |  | **TOTAL REGISTRATION** |
| 1 Session (Fall 2018 or Winter 2019) | 150$ |  |
| Régional – Initiation C’Le Fun | 290$  |  | Inscription : |  |  |
| Régional – Initiation Liliane Lambert GR2Régional – Initiation Liliane Lambert GR1 | 355$375$ |  | Location : |  |  |
| Interregional and Provincial(Competition fees are paid by parents)\*\* | 465$  |  |  | **Total :** |  |  |
|  |  |  |
| Skates rental \*\*\* | 125$  |  |  |
| Blades or boots rental \*\*\* | 55$  |  | Paid by**: $ \_\_\_\_\_\_\_ Checks : # (\_\_\_\_\_) (\_\_\_\_\_)** **Sept.30****Nov.****30****received** |
| External skater : | Season(155$) |  | day (10$)  |  |  |
|  \* 50% rebate on second skater from the same family for skating school only (not available for 1 session registrations).\*\* The club can not commit to assigning a coach to provincial level competitions.\*\*\* Regular maintenance required by parent/skater. Fees will be incurred in case of damages. |
| **SIGNATURE** |
| I authorize CPV LaSalle to post on its web sites or to publish newspaper articles or photographs of my child taken during club activities and events. \_\_\_\_\_\_\_( Parent's initials)I confirm that all of the information provided is accurate. I accept all of the aforementioned conditions.  |
| Signature : | Date : |

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| **CPV Les Ailes d’Or de LaSalle – Season 2018/2019** |
| **MEDICAL INFORMATION** |
| Name: |
| Medical Insurance Number : | Expiration : |
| *The information contained in this section is confidential and is solely for the exclusive use of the club "Les Ailes D'or de Lasalle".* |
| **Is your child being followed medically for any of the following:** |
| Asthma, Cardiac problems, epilepsy, other?If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES | NO |
| Allergies?If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO |
| Physical handicaps (Eyes, Hearing, Mobility, Other)? If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO |
| Repetitive injuries?If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO |
| Your child needs prescribed medication on a regular basis?If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO |
| Your child has restriction on physical activities?If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES | NO |
|  |  |
| Other precisions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SKATE RENTAL (when applicable)** |
| General condition for skate rental skates and blades:  1. Must be a member of the "Les Ailes D'Or de LaSalle"
2. Perform regular sharpening of the skates, following the prescribed procedure or entrusting the sharpening of the skates to the club ($10 per sharpening)
3. Take care of the skates, wipe the blades well, close the boots and put on the slippers when storing.

 1. Agree to reimburse the club for all damage or losses of the rented equipment including damage caused by misuse or improper maintenance.
 | **(Reserved for club use)**SKATE NUMBER: \_\_\_\_\_\_\_\_\_\_ BLADE SIZE: \_\_\_\_\_\_\_\_\_\_BLADE MODEL: \_\_\_\_\_\_\_\_\_\_DATE RENTED: \_\_\_\_\_\_\_\_\_\_\_\_DATE RETURNED: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **SIGNATURE** |
| By signing below, you agree to have read and understood the above conditions and to abide by all guidelines, policies, and rules stated by the club. |
| Signature : | Date : |
| Club representative : |