

HESPELER SKATING CLUB REGISTRATION FORM

Powerskating

Hespeler Minor Hockey Players – Special Offer

Skater's Last Name: _____ First Name: _____

Parent/Guardian: _____

Address: _____

City: _____ Postal Code: _____

Home phone #: _____ Cell/Bus #: _____

Birthdate: _____ Age: _____

Email Address: _____ Please Print neatly

Allergies or other medical conditions:

Cost: \$175.00

We Accept Cash, Cheques made out to the Hespeler Skating Club and E-Transfers to
info@hespelerskatingclub.com Please note...there is no ATM at the Hespeler Arena

HMHA Registered Level: _____

Wednesdays – September 25 2019 – December 11. 2019 4:45-5:30 4-9 yr olds

I state the above information to be accurate and true and accept full responsibility while
the named skater is participating in activities with the Hespeler Skating Club during the
2019/2020 season.

PARENT/LEGAL GUARDIAN SIGNATURE:

_____ Date: _____

