

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: _____ Gender: M or F

Email Address: _____ Please Print neatly

Allergies or other medical conditions:

Cost: \$170.00

**We Accept Cash, Cheques made out to the Hespeler Skating Club and
E-Transfers (after July 1/18) to info@hespelerskatingclub.com
Please note...there is no ATM at the Hespeler Arena**

HMHA Registered Level: _____

Wednesdays - October 3 2018 - December 12. 2018 4:45-5:30 4-9 yr olds
**No Skating Wednesday October 31 2018 - Hallowe'en

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 2018/2019 season.

PARENT/LEGAL GUARDIAN SIGNATURE:

_____ Date: _____