HESPELER SKATING CLUB REGISTRATION FORM

Powerskating	Hespeler Minor Hockey U8 & U9 Players	
Skater's Last Name:	First Name:	
Parent/Guardian:		
Address:		
City:	Postal Code:	
Home or Cell #:	Age:	
Email Address:	Please Print ne	atly
Allergies or other medica	al conditions:	
Cost: \$160.00		
We Accept Cash and E-7 Program Name? Ans	Fransfers to info@hespelerskatingclub.com Securiver: Powerskating	rity Question:
HMHA Registered Level	1:	

Fridays 4:45-5:30 Rink 2 September 27, October 4, 18, 25, November 1, 15, 29 and December 13

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 2024/2025 season.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

Date:

