



High Performance Seminar May 8, 2016

COACH INFORMATION:

First Name: _____ Last Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: _____

Email: * _____

Home Club: _____ Proof of Certification: _____

Special Needs or Allergies: _____

Consent Form:

Any information collected regarding the enrollment and payment for you or your family members will be kept secured, private, and confidential and used only for its intended purposes. The G.F.S.C. at no time will sell, lend or give your personal information to any group or person.

The coach agrees to indemnify and hold harmless the G.F.S.C., its Directors, Officers and their Heirs and Professional Coaches from any and all claims for damages, injuries, costs, suits of any proceedings, loss of property or otherwise while taking part in any program provided by the G.F.S.C. All coaches agree to abide by the rules and regulations and bylaws of the G.F.S.C.

Signature of Coach

Date

PAYMENT INFORMATION:

Coach: \$100

Cheque _____ MC _____ VISA _____

Guelph Figure Skating Club, PO Box 774, Guelph ON N1H 6L8

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