

Please Mail **ORIGINAL** Form and Complete Payment to:  
**AUDREY BAKEWELL SKATING ENTERPRISES INC** Box 75208 SURREY, BC V4A 0B1

**REMEMBER TO RECORD CLASS DATES & TIMES.**

Your confirmation will be emailed to you. Audrey begins class in the dressing room 15 minutes before each class.  
**PLEASE BE COMPLETELY READY** and parents please head to the seating area 20 minutes before the class.  
**FULL EQUIPMENT INCLUDING STICK AND NECK GUARD.**

Name:		Parent(s)names:			
Phone(res):		Phone (bus):		FAX:	
Cell:		Email:			
Address:					
City:		Province:	Postal Code:		
Birth date:		Gender:	Age:	Ht: ' "	Wt: lbs
Medical Ins#:		Medical Conditions:			
Hockey level:		Position:			
Coach's name:		Coach email:			
Minor hockey email:					
Date and place of previous attendance:					
<b>To book your classes please fill out the following:</b>					
Session #:		Dates:		Fee:\$	
Session #:		Dates:		Fee:\$	
Session #:		Dates:		Fee:\$	
Session #:		Dates:		Fee:\$	
GET THE EDGE video		\$29.95 X copies =\$			
GET THE EDGE DVD		\$29.95 X copies =\$			
GET THE EDGE book		\$20.00 X copies =\$			
Payment is by Cheque or VISA/MC only					
VISA/MC #:		Exp Date:			
Name on card:					<b>TOTAL: \$</b>

No refunds or credits will be made. It is the participants responsibility to fill the space if unable to attend for whatever reason this includes injury or illness during the camp. Service charges: Class transfers or changes \$50.00 administration fee. Returned or NSF cheques \$50.00 administration fee. Remember to record the date and times of your classes! Confirmation will be emailed to you. PLEASE READ CAREFULLY AND SIGN: The applicant and or parent/guardian has read, understood and agrees that AUDREY BAKEWELL POWER SKATING SCHOOLS, AUDREY BAKEWELL SKATING ENTERPRISES INC., instructors, and/ or proprietors, facilities and grounds will not be held responsible for any accident, injury or loss however caused and agrees to release the proprietors from all claims which may arise as a result of, or by reason of, such accidents or loss and are fully aware of the refund and cancellation policy. I agree to the use of any pictures or video taken at the camp for use by Audrey Bakewell for marketing or promotion without reimbursement. The AUDREY BAKEWELL POWER SKATING PROGRAM is the property of Audrey Bakewell and no reproduction in any form is allowed. Power or figure skating coaches viewing the program must pay a viewing fee as determined by Audrey Bakewell. We reserve the right to request any applicant to withdraw from the school prior to its termination if we feel the participant is not acting in a reasonable matter. I would like to receive future mailing regarding the AUDREY BAKEWELL POWER SKATING SCHOOL or any programs related to it. DUE TO ARENA REGULATIONS AND POLICY OF THE POWER SKATING SCHOOL NO ELECTRONICS OF ANY KIND ARE ALLOWED IN THE ARENA. I AGREE TO LEAVE all electronics including CELL PHONES, CAMERAS, VIDEO EQUIPMENT, MP3'S, IPODS ETC outside of the facility.

Signature of Parent or Guardian or player if over 18 years \_\_\_\_\_ Date: \_\_\_\_\_