



Conditioning Skate Information

Date: _____, 2019

Name: _____

Date of Birth: _____

Alberta Health Care Number: _____

Address: _____

City/Town: _____

Postal Code: _____

Phone/Cell: _____

E-mail: _____

Emergency Contact name (parent/other): _____

Emergency Contact number (parent/other): _____

Emergency Contact emails (parent/other): _____

Last Team: _____

League: _____

Signed Liability Release (attached): Yes _____ No: _____

Conditioning Skate Payment (\$60.00): Yes _____ No: _____