

Norrie Power Skating Registration Form
Val Norrie (403) 357-9199

Registration: Print and mail this form with a cheque payable to:

Valerie Norrie
RR#1, Site 14, Box 1
Bowden, AB
TOM OKO

Name of Applicant: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ Postal Code: _____

Age & birthdate of Applicant: _____

Week Registering For: _____ Time & Group _____

Please indicate any special medical concerns that the participant has that may affect participation in the program: _____

The undersigned agrees that Valerie Norrie Power Skating will not be responsible for any accidents or loss however caused and agrees to release the proprietor from all claims of damages which may arise as a result of or by any reason of such accident or loss.

Date

Signature