



Ice to Inline Transition Camp



Registration Form

Clinic Date: _____

Cost: _____

Applicant Name: _____

Address: _____

City/Town: _____

Prov/State: _____

Postal/Zip Code: _____

Country: _____

Gender: _____

Age at Jan. 1st: _____
(CURRENT YEAR)

Home Phone: _____

Business Phone: _____

E-mail Address: _____

Tee-Shirt Size: S ____ M ____ L ____ XL ____

CONDITIONS

CITC's Ice to Inline Transition Camp will require a serious training commitment on the part of the skater.

Participants must be in good physical condition and possess good skating skills. Skaters lacking in either of these two areas risk injury to themselves or others.

AGREEMENT

By my signature below, I agree to abide by the rules of the CITC. I understand the Ice to Inline Camp represents a serious training opportunity and I will conduct myself accordingly both during and outside scheduled practice times.

I am aware that inappropriate conduct may result in my dismissal from the clinic.

AUTHORIZATION

Skater Signature: _____

Date: _____

Parent/Guardian: _____
(if skater of minor age)

Date: _____