

## 2022-2023 Season

Primary Contact		Secondary Contact		
Mailing Address		Mailing Address		
City/State/Zip		City/State/Zip		
ome Phone Cell Phone		Home Phone		Cell Phone
E-Mail		E-Mail		
CFSC Fees and Requirements: (refunds will be determined by the CFSC Board on a case-by-case basis)  ■ Two − 8 week sessions, the first session to start in October, the second session to start in January (Sundays)  ■ Separate registration for our Spring Show − Spring Show will be first weekend in April (practices in March)  LTS Years 1-2 Fee: \$65/session or \$125/both sessions Junior Club Fee: \$250 per season  LTS Years 3-4 Fee: \$85/session or \$165/both sessions Senior Club Fee: \$450 per season  LTS Years 5+ Fee: \$225 per season  Family commitments: Work 2 Bingos per season, rink cleaning, and volunteer with show set-up and jobs (if your skater participates in the spring show)  Parent Signature				
Skaters Name: (First, M.I., Last)	Date of Birth:		Gender:	Fee:
CFSC is affiliated with CYHA which is a volunteer run organization with set volunteer requirements per number of years in the club. The 2022-2023 CYHA fees are as follows:  Years 1-2 Family Registration Fee – None; Work Assessment Per Family – None  Years 3-4 Family Registration Fee - \$200/family; Work Assessment Per Family – 20 hours by: Aug 15,2023  Years 5+ Family Registration Fee - \$495/family; Work Assessment Per Family – 30 hours by: Aug 15, 2023  Junior Club Family Registration Fee - \$495/family; Work Assessment Per Family – 30 hours by: Aug 15, 2023  Senior Club Family Registration Fee - \$495/family; Work Assessment Per Family – 50 hours by: Aug 15, 2023  Please refer to July 20, 2022 CYHA minutes for assessment requirements				
*Buy out of assessment hours at registration: \$20/hour *Unworked assessment hours by 8/15/2023: \$30/hour				
Parent Signature: Questions? <a href="mailto:chippewafigureskatingclub@gmail.com">chippewafigureskatingclub@gmail.com</a> Chippewa Area Ice Arena 839 1st Chippewa Falls				
PARENTS/GUARDIANS: Please read and sign the following statements:				
►I give permission to use my email and mailing address as provided to receive parent information by CFSC.  Signature: Date:				
►The skater(s) named on this form has my permission to participate in the activities of CFSC. I agree to pay and abide by the policies. If I fail to do so, the skater(s) will not be able to participate.  Signature:  Date:				
▶I give my permission to post photographs & first name of skater(s) on the CFSC website, Facebook, and Instagram.  Signature:  Date:				