BLACK PANTHER
FIGURE SKATING CLUB
C/O Ice Station, GrandWest
1 Jakes Gerwel Drive, Acacia Park, Cape Town, 7460

REGISTRATION FORM

SKATER'S PARTICULARS

Surname: _____ **First names:** _____

ID no: _____ **Date of birth:** _____

Age: _____ **Gender:** _____

Home address:

_____

_____ **Code:** _____

Race: | Asian | Black | Coloured | Indian | White |

Skater's demographics are required by the Department of Sport and Recreation for statistical purposes

Have you skated for a figure skating club in the past? | YES | NO |

PARENT/GUARDIAN'S PARTICULARS

If you are a skater who is over the age of 18, please complete this section with your details

Please Select: ☐ Skating member ☐ Non-skating member.

Surname: _____ **First names:** _____

ID no: _____ **Gender:** _____

Email address: _____

Home Tel no: _____ **Work Tel. no:** _____

Cell no: _____ **Relationship to skater:** _____

MEDICAL PARTICULARS

Medical aid name: _____ **Family doctor:** _____

Membership no: _____ **Doctor Tel. no:** _____

Principal member: _____ **Allergies:** _____

Were you previously a member of the Black Panther Figure Skating Club? ☐ Yes ☐ No

If yes, please indicate your previous membership number: _____

Please tick the box below to acknowledge that you have read and accept the Code of Conducat of the Black Panther Figure Skating Association:

☐ I hereby acknowledge that I have read and accept the Code of Coduct of the Black Panther Figure Skating Club.

I hereby apply for membership to the Black Panther Figure Skating Club. I agree to abide at all times, by the rules and regulations of the Club, as well as the rules and regulation of the Ice Station, Grand West.
I further acknowledge that should my fees be three (3) months in arrears, my membership will automatically be terminated.

Name and surname: _____ **Signature:** _____

Signed at _____ **on this** _____ **day of** _____ **20** ____

Please note that all applicants must complete this registration form. In the case of skaters under the age of 18, this form must be completed by the parent/guardian.

CHAIRPERSON: Mr. Ashley Arendse
Email: chairperson@bpfigureskating.co.za **Telephone:** 078 005 9861
AFFILIATED TO THE SOUTH AFRICAN FIGURE SKATING ASSOCIATION