

LEARN TO SKATE SESSION REGISTRATION FORM

Student	Students First Name:		Last Name:		
	Mailing Address:		City:	State:	Zip Code:
	Phone:	**Email:			
	Date of Birth:	**E-mail is the club's primary source of communication for EVERYTHING! A valid e-mail address must be supplied or clearly marked.			
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Classes	<input type="checkbox"/> Snowplow Sam 1-3 \$50.00 <input type="checkbox"/> Basic 1 - 2 \$100 <input type="checkbox"/> Theatre \$50 <input type="checkbox"/> Basic 3 - 4 \$100 <input type="checkbox"/> Team Synchro \$75 <input type="checkbox"/> Basic 5 - 8 \$100 <input type="checkbox"/> Freestyle \$125		Classes we will offer if we have enough interest. Please check the box you are interested in we will not require payment until enough to make a class. Pre-Synchro \$50 <input type="checkbox"/> Dance \$50 <input type="checkbox"/> Hockey \$50 <input type="checkbox"/> Adult \$50 <input type="checkbox"/> Off Ice \$50 <input type="checkbox"/>		
	Membership Full adult members have the right to vote. Full member students can test at competitions and receive a \$20 discount per session. Cost is \$55 for fist member and \$25 for each additional family Member. Full Member Paid <input type="checkbox"/> UnPaid <input type="checkbox"/>				
Payment options may be made if you need to make arrangements please contact any board member to discuss the type of options available.					
Parents	Father/Legal Guardian:			Cell Phone:	
	Mother/Legal Guardian:			Cell Phone:	
	List any medical problems/prohibitions student has:				
	Person to notify in emergency:				
Release and Assumption of Risk	No recreational activity is without potential hazards and I am aware that certain risks and dangers may occur in this program which I wish to participate in, including but not limited to the hazards of ice skating accidents, illness or other conveyance. In consideration of and as part payment for the right to participate in this activity and the service arrange for me by the WIND RIVER SKATE CLUB, I have and do hereby assume all the risks and will hold the WIND RIVER SKATE CLUB harmless from any and all liability, actions, causes or action, debts, claims and demands of every kind and nature which I now have or which may arise or become connected with my participation in this activity arranged for me by the WIND RIVER SKATE CLUB. This includes any assumption of risk for heirs, executor, administrators and all member of my family, including any minors accompanying me. I HAVE READ AND AGREE TO THE ABOVE CONDITIONS				
	Name (please print):				
	Parent/Guardian Signature:			Date:	
Skate Rental	Renter agrees that the skates are owned and leased by WIND RIVER SKATE CLUB for use during program operations. Renter agrees to exercise all due care in keeping, caring for, and preserving the skates. Renter shall remain responsible for all loss or damage to the skates with a replacement value of \$60.00.				
	Skate #: <input type="checkbox"/> Skate Rental \$20				
	Parent/Guardian Signature:			Date:	
Club Use	Total Amount: _____ Amount Received: _____ Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Number _____ USFSA/Basic Skills Number: _____				