



SKATE COMPANY SKATING CLUB
BASIC SKILLS/ LEARN TO SKATE
REGISTRATION 2015-2016



<https://www.facebook.com/SkateCompanySkatingClub>

©2010 U.S. FIGURE SKATING

ALL SNOWPLOW SKATERS SHOULD WEAR A HELMET. MAKE CHECKS PAYABLE TO: SKATE COMPANY SKATING CLUB
 YOU MAY MAIL THIS REGISTRATION FORM AND PAYMENT TO: APRIL OCHMAN, 1055 STEWART AVE., LINCOLN PARK, MI 48146

For questions regarding registration/classes –

Cindi Socull (313)928-4866 cjs0032@wowway.com April Ochman (313)529-1752 aprilwings@aol.com

Name:		Address:	
City:		Zip:	Phone:
Age:	DOB:	Grade:	Sex: F ____ M ____
Last Class Passed:		SCSC Member: Yes No	
Session: 1 2 3		Email:	
Class:		Day:	Time:
Class Fee: \$		Late Fee: \$	Interested in Ice Show: Yes No
Registration Fee: \$		Total: \$	
<p>Waiver: In consideration of your accepting this entry form, I hereby for my child/ward, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Skate Company Skating Club, or its representatives, for any or all injuries suffered while participating in this activity. I further represent that I am in good physical condition and have no disability or ailment that will prevent me from engaging in the activity for which I am registered. In addition, I hereby authorize Skate Company Skating Club to use all photos, both video and audio portions of videotapes on which my dependent or I appear.</p>			
Signature: _____			
Parent or Guardian			
Form of Payment:		Date:	Received by:
Cash _____ Check No. _____			

Emergency Contact Information:

Parent Information:

Mom Name:		Dad Name:	
Home:		Home:	
Cell:		Cell:	

Alternative Emergency Contact:

Name:		Relationship:	
Home:		Cell:	

Name:		Relationship:	
Home:		Cell:	