



2019 – 2020 Learn To Skate Lesson Registration

Please PRINT all information clearly.

Skater #1 Name:		
Age: _____	Birthday (mm/dd/yy): ____/____/____	<input type="checkbox"/> Session 1 (Oct – Dec, \$150)
Gender: _____	Member: <input type="checkbox"/> New <input type="checkbox"/> Returning	<input type="checkbox"/> Session 2 (Jan – Mar, \$150)

Skater #2 Name:		
Age: _____	Birthday (mm/dd/yy): ____/____/____	<input type="checkbox"/> Session 1 (Oct – Dec, \$150)
Gender: _____	Member: <input type="checkbox"/> New <input type="checkbox"/> Returning	<input type="checkbox"/> Session 2 (Jan – Mar, \$150)

Skater #3 Name:		
Age: _____	Birthday (mm/dd/yy): ____/____/____	<input type="checkbox"/> Session 1 (Oct – Dec, \$150)
Gender: _____	Member: <input type="checkbox"/> New <input type="checkbox"/> Returning	<input type="checkbox"/> Session 2 (Jan – Mar, \$150)

Total Session 1 Lessons (\$150 x _____ skater): \$ _____

Total Session 2 Lessons (\$150 x _____ skater): \$ _____

Total Lesson Fees: \$ _____

Payment

Check or cash accepted. Please make your check payable to HMFSC. (There is a \$35.00 returned check fee for insufficient funds)

For Office Use Only:

Received by (initials): _____ Payment Amount: _____ Check # or Cash: _____

Date Processed & Invoice #: _____

Parent/Guardian Contact Information (please print – HMFSC contacts skating families primarily through email)

Parent/Guardian Name: _____

Address: _____

City, State, ZIP: _____

Preferred Phone: _____

Email(s): _____

Liability, Medical & Photo Release: *(No skater will be allowed on the ice without a signed waiver of liability)*

I understand that Hudson Mohawk Figure Skating Club (HMFSC), and/or anyone associated with HMFSC will not assume responsibility for losses, accidents, or dental expenses incurred as a result of participation in HMFSC activities. I acknowledge that personal medical insurance is recommended. I also give consent for first aid to be administered if needed. I agree to comply with the Constitution and Bylaws of HMFSC and to obey all ice rules and regulations.

I also give HMFSC permission to use my child/children's name(s) and/or picture on its website, social media, printed material or on the HMFSC bulletin board at RPI's Houston Field House.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

For Office Use Only:

Received by (initials): _____ Payment Amount: _____ Check # or Cash: _____

Date Processed & Invoice #: _____

