



**PPFSC *Learn to Skate USA* Program
2018-19 Registration & Membership**



This form needs to be completed only one time between 7/1/18-6/30/19.

Please print all information clearly. Use one form for each skater.

Skater's Name: _____ D.O.B. : _____ Age: _____

Address: _____ Gender: Female Male

City, State, ZIP: _____

Telephone: _____ home cell

Is the skater a U.S. citizen? ____ yes ____ no

Email Address: _____

Parent or Guardian's Name: _____

Are there any medical or learning issues that may affect the skater or the program of which we need to be aware? ____ no ____ yes Please explain. _____

For skaters new to PPFSC Basic Skills: Please tell us how you heard about our program.

____ website ____ newspaper ad (which newspaper?) _____

____ postcard ____ friend ____ school flyer (which school?) _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

Acceptance of Risk

By signing this form, the undersigned acknowledges that participation in the Pawtucket & Providence FSC *Learn to Skate USA* Program involves risks that may include permanent injury. While caution on the part of the skater and use of protective gear may reduce this risk, the chance of serious injury is within the realm of possibility. PPFSC reserves the right to refuse admission to or dismiss from its program any skater whose conduct is disruptive or poses a danger to the safety of others. The undersigned acknowledges and accepts these risks and agrees to hold harmless the Pawtucket & Providence Figure Skating Club as well as its directors, officers, agents and rink employees in so far as the laws of the State of Rhode Island permit. The undersigned accepts the stated risks and limitations and must be at least 18 years of age. For minors under the age of 18, a parent or guardian must sign and accept the risks and limitations for their child. Signing this document is a binding legal contract.

Model Release

I, the undersigned parent/guardian of the skater named in this registration, hereby grant the Pawtucket & Providence Figure Skating Club and all persons acting with its permission, the right to take and use Model's photograph/performance for advertising, promotion or any lawful purposes.

I have read and understand the Acceptance of Risk and the Model Release for the above-named skater.

Signature: _____

PPFSC Learn to Skate

Fall Mini-Session Registration- Schneider Arena, Providence College

Please be sure to complete the previous page if you have not done so this year.

Skater's Name _____ Date of Birth _____

For skaters new to our program: Have you ever skated before? ___ yes ___ no

Have you ever had lessons? ___ yes ___ no

If yes, what was the highest level passed? _____

Please choose the class for which you are registering.

_____ Basic badge level-\$65

_____ Snowplow Sam level-\$57

Please make checks payable to PPFSC Learn to Skate.

Mail to:

**PPFSC Learn to Skate
PO Box 85
Pawtucket, RI 02862**

Deadline: Registrations must be received by Wednesday, November 14.

We need to have adequate time to get our groups organized and plan for the correct number of coaches. Registrations that are postmarked after the deadline will be accepted

IMPORTANT: There are no-make-up lessons for lessons missed due to absence. Also, due to the low fees that are being charged, it is not possible to prorate the cost or arrange make-up lessons for late entries into the program.

For PPFSC use:

Form of payment:

Cash _____ Check # _____ Received by _____

Group: _____ Snowplow Sam _____ Basic _____ Freeskate

Coach: _____ Time: _____