



**PPFSC *Learn to Skate USA* Program
2019-20 Registration & Membership**



This form needs to be completed only one time between 7/1/19-6/30/20.

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 First & Last 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: _____

Skater's Name _____

Please complete page one of this application if you have not already done so this year

Registration for PPFAC Learn to Skate Fall Sessions and Introduction to Synchronized Team Skating.

Please check the session for which you are registering.

<input type="checkbox"/> Fall Part 1	<input type="checkbox"/> Fall Part 2
<input type="checkbox"/> Basic- \$72	<input type="checkbox"/> Basic- \$84
<input type="checkbox"/> Snowplow Sam-\$60	<input type="checkbox"/> Snowplow Sam-\$70
<input type="checkbox"/> Learn to Skate Registration fee-\$25	<input type="checkbox"/> Learn to Skate Registration fee-\$25

Introduction to Synchronized Team Skating- \$260 First payment of \$60 due in September.

Registration Deadline: Mail by September 17, 2019

Make checks payable to PPFSC Learn to Skate.

DO NOT SEND CASH.

Mail registration forms and payment to:

**PPFSC Learn to Skate
P.O. Box 85
Pawtucket, RI 02862**

For PPFSC use:
Form of payment:
Amount:
Cash _____
Check # _____
Credit Card _____
Received by _____