

LEARN TO SKATE SUMMER REGISTRATION

Mother's Name: _____ Mother's Cell Phone # _____

Father's Name: _____ Father's Cell Phone # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent Email Address: _____

Emergency Contact: _____ Phone # _____

Doctor's Name & Number: _____

Participants Name: _____

Male

Female

Skill Level: _____ DOB: ___/___/___

Student's Medical History: (Please list any recent operations, current medication, injuries within the past two years, medical concerns, or allergies) _____

Participants Name: _____

Male

Female

Skill Level: _____ DOB: ___/___/___

Student's Medical History: (Please list any recent operations, current medication, injuries within the past two years, medical concerns, or allergies) _____

Participants Name: _____

Male

Female

Skill Level: _____ DOB: ___/___/___

Student's Medical History: (Please list any recent operations, current medication, injuries within the past two years, medical concerns, or allergies) _____

RELEASE WAIVER: Please read the following statement and sign below.

I, the participant, parent/guardian, understand the Inherent risk of physical Injury Involved in skating and do so at my own risk. Participants and parents assume responsibility for all Injuries and damage and forever release, discharge and hold harmless the employees and agents of the City of York and York Ice Arena from any and all claims, demands, and rights of action, present and future resulting from participation in any program or use of our facility. I hereby agree that group, cast or Individual photos or videos taken of any student previously or currently enrolled in any York Ice Arena program be released to use on our website in printed advertisement and all other media currently known and yet to be known.

Parent Signature: _____ Date: _____