

Southern Ice Skate School

PROGRAM REGISTRATION FORM

FAMILY NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____ EMERGENCY PHONE _____

PROGRAM LEVEL	DAY & TIME	SESSION DATES	PARTICIPANT'S NAME	SEX M/F	BIRTHDATE	FEE	RETURNING STUDENT	NEW STUDENT

TOTAL PAID: _____

METHOD OF PAYMENT (CHECK ONE)

CHECK CASH MONEY ORDER

EFT CREDIT CARD/DEBIT

IF PAYING BY CREDIT/DEBIT CARD:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit/Debit Card # _____

Expiration Date _____

Signature of Card Holder _____

As with any sport there is a risk of injury. I acknowledge this and will hold harmless and blameless in the event of injury sustained while participating in skating programs and/or practice sessions by the above named person/persons, Southern Ice Skate School or any of its agents, employees or coaches.

When registering by Fax, it is mutually understood that the facsimile registration document shall substitute for and have the same legal effect as the original form. Note: Only registrations paid by credit/debit are accepted by Fax.

NO REFUNDS OR CREDITS on any programs. NO pro-rating on late registrations.

I give my permission for my child/guardian to be interviewed and or photographed/videotaped by Southern Ice Skate School and its agents. I understand that these images may be used for future marketing or publicity and release all claim to these or any reproduction of tapes, photos, or videotape. This release does not constitute any contract or agreement with Southern Ice Skate School.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

SOUTHERN ICE SKATE SCHOOL
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 www.southerniceskateschool.com