

SKATE SCHOOL PROGRAM REGISTRATION FORM

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

Discounts: _____

Total Paid: _____

IF PAYING BY CREDIT/DEBIT CARD:

___ VISA ___ MASTERCARD ___ DISCOVER

Credit/Debit Card # _____

Expiration Date _____

NO REFUNDS OR CREDITS on any programs. NO pro-rating on late registrations. Any missed classes must be made up during session the classes were missed.

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.

Please note: Class times and sessions are subject to change or cancellation. We will do our best to notify skaters ahead of time, but it is not guaranteed.

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 _____

SKATE SCHOOL
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