

Amarillo ICE Skating School

U.S. FIGURE SKATING BASIC SKILLS PROGRAM WINTER 2009 REGISTRATION FORM

STUDENT'S NAME: _____

ADDRESS: _____

ZIP CODE: _____

ADULT (18 or over) _____ CHILD (age) _____ DOB _____

PARENTS NAME: _____

PHONE #s: home _____ work _____ cell _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT _____ PHONE # _____

PREVIOUS SKATING EXPERIENCE _____ TESTS PASSED _____

PLEASE, SELECT FROM THE FOLLOWING LIST:

PRICE:

Pkg 1: Eight (once/week) group lessons + USFSA membership \$ 170

Pkg 2: Eight (once/week) group lessons + USFSA membership + Once/week Dance \$ 260

Pkg 3: Sixteen (twice/week) group lessons + USFSA membership \$ 250

Pkg 4: Sixteen (twice/week) group lessons + USFSA membership + Once/week Dance \$ 340

Eight Freestyle Sessions *Punch card* (in addition to group lessons) \$ 70

Eight Freestyle Sessions *Punch card* + USFSA membership \$ 110

Eight Freestyle Sessions *Punch card* + USFSA membership + Dance \$ 200

PRIVATE LESSONS CAN BE SCHEDULED WITH INSTRUCTOR DURING FREESTYLE SESSIONS (FOR ADDITIONAL FEE SET BY AND PAYABLE TO THE INSTRUCTOR)

PREFERRED PAYMENT SCHEDULE

PAID IN FULL _____ Pkg # _____ \$ _____ T-SHIRT youth: S,M,L,XL _____ \$15

adult: S,M,L,XL

PAID HALF _____ Pkg # _____ \$ _____ PUNCH CARD _____ \$70 _____ \$100

SECOND HALF \$ _____ IS DUE BY FEBRUARY 15, 2009

I understand that Amarillo Figure Skating School rents exclusive ice time for class instruction. As a member of the basic skills program, I must pay the scheduled fee in order to participate in classes. If I do not pay in full, I understand that I will be billed for the balance.

Please make checks payable to: "A.F.S.S."

Signature (Parent/Guardian)

Date: _____

RELEASE FROM LIABILITY

I, _____, the parent or guardian of _____

Understand that every effort will be made by the staff of Amarillo Figure Skating School to assure the safety of the student when he/she is on the ice. I release said staff members from liability in case of injury to my child or myself, and I have the proper insurance to cover such injury.

Signature: (parent or guardian) _____

Date: _____

Amarillo Ice Skating School
3707 Navasota Dr., Amarillo, TX 79109