

Amarillo ICE Skating School

U.S. FIGURE SKATING BASIC SKILLS PROGRAM WINTER 2010 REGISTRATION FORM JANUARY-MARCH 2010

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:
Home-school: Once/week group lessons	\$ 140
Adult: Once/week group lessons	\$ 160
Learn-to-Skate: Twice/week group lessons	\$ 180
Basic Skills: Twice/week group lessons	\$ 220

Eight 1 Hour Practice Sessions *Punch card* (in addition to group lessons) \$ 70

Eight 1 Hour Practice Sessions *Punch card* \$ 100

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

PREFERRED PAYMENT SCHEDULE

PAID IN FULL _____ Amount: \$ _____ T-SHIRT youth: S,M,L,XL _____ \$10

adult: S,M,L,XL

1st PAYMENT _____ Amount: \$ **140** PUNCH CARD _____ \$70 _____ \$115

BALANCE \$ _____ IS DUE BY FEBRUARY 20, 2010

I understand that Amarillo Ice Skating School rents exclusive ice time for class instruction. As a member of the skating 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 and I will submit the payment on time.

Please make checks payable to: "A.I.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 Ice 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: _____