

Amarillo Ice Skating School  
**U.S. FIGURE SKATING BASIC SKILLS PROGRAM**  
**WINTER 2012 REGISTRATION FORM**  
**NEW SKATERS**  
 JANUARY-MARCH 2012

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:**

	<u>PRICE:</u>
Weekday Class: Once/week group lessons + USFS membership	<b>\$ 160</b>
Weekend Class: Once/week group lessons + USFS membership	<b>\$ 180</b>
First-Time-Skaters: <u>Twice/week</u> group lessons + USFS membership	<b>\$ 220</b>
Basic Skills: <u>Twice/week</u> group lessons + USFS membership	<b>\$ 260</b>
Eight 1 Hour Practice Sessions <i>Punch card</i> (in addition to group lessons)	<b>\$ 70</b>
Eight 1 Hour Practice Sessions <i>Punch card</i> + USFS membership	<b>\$ 115</b>

**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 \$ \_\_\_\_\_ PUNCH CARD \_\_\_\_\_ \$70 \_\_\_\_\_ \$115  
 1<sup>st</sup> PAYMENT \_\_\_\_\_ Amount \$ **140** \_\_\_\_\_  
 BALANCE \$ \_\_\_\_\_ IS DUE BY FEBRUARY 15, 2011

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: \_\_\_\_\_

# Amarillo Ice Skating School

## Talent Agreement and Release Form

I willingly authorize the use of my voice and/or image, or that of my child or of my ward listed below, to be recorded with digital photography or on film, video or audio device for legitimate advertising, marketing and public relations purposes only by Amarillo Ice Skating School. I shall receive no compensation for participation in these activities. I hereby release Amarillo Ice Skating School and its employees or agents from all liability whatsoever which may or might result from my participation in these activities. Having noted the terms so stated, I, being of legal age or acting as legal guardian, do hereby agree to allow Amarillo Ice Skating School and/or its affiliates to use, publish or copyright these audio and visual recordings, in which I, or my child or ward listed below, participated, in perpetuity.

Talent Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_