

Amarillo ICE Skating School

U.S. FIGURE SKATING BASIC SKILLS PROGRAM WINTER 2012 REGISTRATION FORM 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:

PRICE:

Weekday Class: Once/week group lessons	\$ 140
Weekend Class: Once/week group lessons	\$ 160
First-Time-Skaters: <u>Twice/week</u> group lessons	\$ 200
Basic Skills: <u>Twice/week</u> group lessons	\$ 240

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

Eight 1 Hour Practice Sessions *Punch card* + USFS membership **\$ 115**

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

1st 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: _____