



Skating School



REGISTRATION FORM – Fall 2015

Registration Fee is \$70 per skater (\$100 per family)

Date: _____

Skater's Name: _____ DOB ___/___/___

Second Skater: _____ DOB ___/___/___

Street Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Parent(s) or Guardian(s) Name(s): _____

Parent(s) or Guardian(s) E-mail: _____

UNLIMITED CLASSES!*
Only \$99 per Month
September 1, 2015 – May 31, 2016
(FULL CLASS SCHEDULE ON REVERSE SIDE)
Public Skating Included Saturdays 1:30-4:00
**entry level classes are open enrollment. Advanced level classes require pretests.*

CHECK THE CLASSES YOU ARE SKATING IN THE SHOW

(skaters must choose one class to skate in the show, but may choose more if desired)

Name	Tiny Tot	Dance	Singles	Precision	Slalom	Quartet*

Return Registration Form, Signature Page & Check payable to:
Semoran Skateway ▪ 2670 Cassel Creek Blvd ▪ Casselberry, FL 32707

Office Use Only	
Type _____	Amt _____



Skating School Fall Registration 2015



Signature Page

Student Information

Student(s) Name *(please print)*: _____

Parent or Guardian Name(s) *(please print)*: _____

Registration Packet

The signature below signifies that I have received a copy of the Skating School's policies, fees, rules & regulations and class attendance information and agree to all.

✓Signature *(Parent or Guardian if student is under 18 years of age)* ✓Date

Participation Permission & Acceptance

As the student or the Parent(s) or Guardian(s) of a student who is enrolled and participating at the Skating School or any activity associated with the Skating School, the student or Parent(s) or Guardian(s) hereby releases the Skating School, Semoran Skateway, and any employee of the Skating School or Semoran Skateway from any and all claims for damages and/or injuries that might arise from the student's participation in any such activity, whether on or off the premises for such activities, that is connected or associated with the Skating School. This includes, but is not limited to all field trips, all rehearsals, performances, competitions, and/or any classes or activities offered by the Skating School.

✓Signature *(Parent or Guardian if student is under 18 years of age)* ✓Date

Medical Permission

The Skating School will always try to contact the Parent(s) or Guardian(s) of the student in order to obtain the Parent(s) or Guardian(s)'s wishes. In the event that the Parent(s) or Guardian(s) of the student is not available or the student is not mentally or verbally capable, the student and/or the Parent or Guardian of the student hereby grants power of attorney to the Skating School, so that the Skating School Staff may help in acquiring any reasonable and/or necessary medical care for the named student. It is understood that the Skating School's Staff will use their best efforts to secure medical care for the student.

Skater's Insurance Provider: _____

Medical Conditions: _____

✓Signature *(Parent or Guardian if student is under 18 years of age)* ✓Date

Participation for Use in Media

I allow the Skating School to use pictures and/or videos of my child in advertisements, commercials, or press releases to promote the Skating School.

✓Signature *(Parent or Guardian if student is under 18 years of age)* ✓Date