

2018 Fall 2 – October 22 through December 6 [6 weeks]

Name: _____ Parent/Guardian: _____
 Address: _____ City: _____ Zip _____
 Daytime Phone: _____ Evening Phone: _____
 Date of birth: _____ Age _____ E-mail address: _____
 Highest level passed to date: _____ School District: _____

<input type="checkbox"/>	<input type="checkbox"/>	Monday 6-6:50 p.m. \$78	<input type="checkbox"/>	<input type="checkbox"/>	Thursday 6-6:50 p.m. \$78
<input type="checkbox"/>	<input type="checkbox"/>	Snowplow 1	<input type="checkbox"/>	<input type="checkbox"/>	Snowplow 4
<input type="checkbox"/>	<input type="checkbox"/>	Snowplow 2	<input type="checkbox"/>	<input type="checkbox"/>	Basic 1
<input type="checkbox"/>	<input type="checkbox"/>	Snowplow 3	<input type="checkbox"/>	<input type="checkbox"/>	Basic 2
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Basic 3
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Basic 4
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Basic 5
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Basic 6
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Pre FreeSkate
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Adult 1-6

NOTE: Registrations occurring after the first week of class will be pro-rated
NO CLASSES THE WEEK OF NOVEMBER 19TH

NOTE; U.S.F.S.A. Membership of \$18 due annually [Year begins in September].

USFSA membership \$ 18.00 [Mandatory if signing up for the first time this season]

Class Fee [1st night] \$ _____

2nd night \$ _____

Sign up for both nights and get the second night for ½ price
[2nd child discount does not apply]

Additional Child \$ - _____ Discount of \$5 per child/per family- name of 1st child _____]

Convenience Fee \$ 4.00 [if paying by credit/debit card]

AMOUNT PAID TODAY\$ _____

****Please make checks/money orders payable to : MPFSC and mail to: PO Box 975, Mt Pleasant MI 48804-0975**

I have received Concussion Awareness Information from MPFSC; by signing below, I acknowledge that fact.

As a participant, parent/guardian of a minor participant MPFSC's LTS Program, I understand MPFSC, or its agents, may take photographs, video and/or film of my minor's and/or my family's involvement, participation, viewing or interaction at scheduled ice time, activities, classes or events. I hereby authorize the taking and use of such photographs, video, film or likeness of myself, minor child (or children), and/or my family in all forms and media and in all manners, including composite or other representations, for any lawful and legitimate MPFSC purpose, including dissemination and distribution of the same; I further waive any right to approve/object to any finished, modified or derivative product or media

Health Consent and Waiver of Responsibility

The Mt. Pleasant Figure Skating Club, organizers of Learn to Skate USA programs, undertakes no responsibility for damages/injuries suffered by any skater. As a condition of, and in consideration of enrollment, all enrollees, siblings, and parents/guardians shall be deemed to agree to assume all risks of injury to their person and property resulting from, caused by, or connected with conduct and management of this program, and waive and release any and all claims which they may have against the Mt. Pleasant Figure Skating Club, its officers, and/or employees and staff.

Hospital and Medical Release

I hereby authorize any hospital or emergency treatment facility to provide emergency treatment for the herein named skater if treatment is deemed necessary for the well-being of the skater in absence of written or telephone authorization.

Signature: _____ Date: _____

Alternative Number(s) where you can be reached in an emergency: _____

If you cannot be reached, who may we contact? _____ Phone: _____

Family Doctor _____ Phone: _____ Insurance Information: _____

Allergies, Medications, Medical Conditions _____