



LEARN TO SKATE REGISTRATION FORM

SKATER'S NAME: _____ DOB: _____

ADDRESS: _____ MALE or FEMALE (circle)

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____
(Required)

Have you taken lessons with Hershey FSC or another facility before? _____ if yes, circle Highest level passed:

Snowplow Sam: 1 2 3 Basic: 1 2 3 4 5 6 7 8 Freestyle: 1 2 3 4 5 6 Adult: 1 2 3 4

Fees \$90 for 9 weeks

Registration closes after the second week, beyond the 2nd week a walk on fee of \$12 applies. HFSC members receive a discounted walk on rate of \$9.

LOCATIONS

Check your Sessions:

Hersheypark Arena

Wednesday's

Session 1 _____

Session 2 _____

Session 3 _____

(Sept.15th)

(Dec 8th)

(Feb 16th)

Hersheypark Arena Saturday's

Session 1 _____

*Session 2 _____

(Nov.6th)

(Feb.5th)4 Weeks

Class Fee Total:

\$ _____

Yearly (One Time \$10) USFS Membership Fee:

\$ _____

Total

\$ _____

Make checks payable to Hershey Figure Skating Club.

Mail registration to Hershey Figure Skating Club P.O. Box 242, Hershey, PA 17033 or bring to 1st session.

*Please arrive early to put skates on so you are ready to begin lesson at start time.

*Check-in every week with coordinator before stepping on the ice.

*Helmets, gloves/mittens are highly recommended for safety.

*Learn to skate is recommended for 3 years and up.

Questions: Contact Vicki Yingst at vickiskate@yahoo.com

*This session is 4 weeks at a cost of \$40.

MEDICAL RELEASE (SIGNATURE REQUIRED WITH REGISTRATION)

In consideration of participating in Hershey Figure Skating Club activities, I represent that I understand the nature of figure skating activities ("activity") and that I am qualified, in good health and in proper physical condition to participate in such "activity". I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participating in the "activity".

I fully understand that this "activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the "activity", the conditions in which the "activity" takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the "activity".

I hereby release, discharge, and covenant not to sue the Hershey Figure Skating Club, United States Figure Skating, it's directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the "activity" takes place (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which may incur as the results of such claim.

The Hershey Figure Skating Club has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice. We hereby acknowledge that the Hershey Figure Skating Club shall not be responsible for the supervision of the members at Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Parent/Guardian Signature _____

Signature of Participant _____ **DATE:** _____

(If age 18 or older)