

# Pawtucket & Providence FSC Basic Skills Program



## Hockey Skater Registration Form

Skater's Name: \_\_\_\_\_ D.O.B. : \_\_\_\_\_ Age: \_\_\_\_\_

*(required for Basic Skills Membership)*

Address: (street, city, state, zip) \_\_\_\_\_

Telephone: \_\_\_\_\_ *(home or cell)*

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ *(please print name clearly)*

How did you hear about our program? *(circle one)* **postcard** **flyer** **newspaper ad** **website** **friend**

Has the skater participated in a Learn to Skate program? *(circle one)* **Y** **N**

What was the highest badge level skater passed? \_\_\_\_\_

Please choose the time for which you are registering:

11:10 – 11:35 am (\$60) \_\_\_\_\_

11:35 – 12:00 pm (\$60) \_\_\_\_\_

+ Registration Fee \$10 (not required for skaters currently in program)

Total Enclosed \$ \_\_\_\_\_

Please make checks payable to: PPFSC Basic Skills and mail them to Pawtucket & Providence Figure Skating Club, PO Box 85, Pawtucket, RI 02862.

A hockey helmet should be worn at all classes. There are no-make-up dates for cancelled ice. Please note, due to the low fees that are being charged, it is not possible to prorate the cost for late entries into the program.

### **PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING**

By signing this form, the undersigned acknowledges that participation in the Pawtucket & Providence FSC Basic Skills Program involves risks that may include permanent injury. While caution on the part of the skater and use of protective gear may reduce this risk, the chance of serious injury is within the realm of possibility. The undersigned acknowledges and accepts these risks and agrees to hold harmless the Pawtucket & Providence Figure Skating Club as well as its directors, officers, agents and rink employees in so far as the laws of the State of Rhode Island permit.

The undersigned accepts the stated risks and limitations and must be at least 18 years of age. For minors under the age of 18, a parent or guardian must sign and accept the risks and limitations for their child. Signing this document is a binding legal contract.

Parent or Guardian's Name \_\_\_\_\_ Signature: \_\_\_\_\_