



Queen City Figure Skating Learn to Skate Registration

Registration for classes will be accepted on a first come, first serve basis.

Please print clearly.

Skater's Information:

Male Female

Skater's Last Name: _____ First Name: _____

Birthdate: _____ Age: _____ Basic Skill Level (if known) _____

Class Previously Taken: _____

Where did you hear about Queen City Learn to Skate? _____

Parent/ Guardian Information:

Last Name: _____ First Name: _____

eMail: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (Other Than Listed)

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____

Terms and Conditions of Enrollment:

1. All applicants must pay tuition as follows:

Non QCFSC Members: \$70 if paid in full 1 week in advance of the first lesson; after that time fee increases to \$80. An annual USFS registration fee of \$12 applies

QCFSC Members: \$35 if paid in full 1 week in advance of the first lesson; after that time fee increases to \$40

2. The session includes one 30 minute lesson per week (6:10 - 6:40) and one 20 minute practice session (6:40 - 7:00). Each session is 6 weeks.

3. Waiver and Consent must be signed once per calendar year.

For Office Use Only

Check # _____ Cash _____ Received by: _____ Date: _____

USFSA entered: _____

Waiver and Media Consent

(Must be signed once per calendar year)

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

- 1) The administration of any treatment deemed necessary by a licensed physician or dentist; and
- 2) The transfer of myself/my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

_____ I have read and agree (**Initial here**)

PART II: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of myself/my child. In the event of illness or injury requiring emergency treatment, I wish the responders to take the following action:

I hereby give the Queen City Figure Skating Club permission to publish or reproduce in print, electronic, or video format the likeness or image of my child for use in the promotion of the Queen City Figure Skating Club, and its related activities. I release all claims against the Queen City Figure Skating Club with respect to copyright ownership and publication including any claim for compensation related to the use of these materials. _____ I have read and agree (**Initial here**)

PARENTAL CONSENT, ACKNOWLEDGEMENT & INDEMNIFICATION AGREEMENT

I, the skater or minor skater's parent and/or legal guardian, understand the nature of the above referenced activities and my/the minor's experience and capabilities and believe myself/the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees (The Queen City Figure Skating Club, Queen City Learn to Skate, It's coaches, staff, board members and volunteers, and Northland Ice Center), from all liability, claims, demands, losses, or damages on my/the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim. I further acknowledge that my consent to the Waiver and Release, Media Release, and Emergency Medical Authorization Form are my voluntary act and deed on behalf of myself or my minor child, and that such release shall continue during all subsequent activities, unless my consent is revoked in writing.

Form must be signed and Dated:

Students Name (please print): _____

Parent or Guardian Signature (if student under 18 years of age) _____

Date: _____