



**SUMMER 2019
LAKESHORE SKATING SCHOOL
FIGURE SKATING REGISTRATION**

SKATERS INFORMATION:		
		<u>(Please Print Clearly)</u>
Skaters Name:		
Birth Date Inc. Year		<u>Age:</u>
Home Address & Zip		
Home Phone:		
School Attending:		
Previous Experience # of Years Skating:		
PARENT'S INFORMATION		
Mothers Name:		Fathers Name:
Address (If different from above):		Address (If different from above):
Home Phone:		Home Phone:
Mother Cell Phone:		Father Cell Phone:
Mother Work Phone:		Father Work Phone:
Mother Email:		Father Email:

PAYMENT: Visa/MC/Disc/ Check

CC# _____ **CVV** _____ **EXP.** _____

PLEASE MAKE CHECKS PAYABLE TO: LAKESHORE HOCKEY

SESSION DATES & TIMES:

WEDNESDAY \$95. *Figure* @ 6:00 pm **begins** June 5th

The Participant, in attending LSHA and participating in any of the Learn to Skate programs, does so at their own risk. LSHA shall not be liable for any damage arising from personal injuries sustained by the participant in or about the premises. The participant assumes full responsibility for all injuries and damages which may occur in or about the premises and they do hereby fully and forever release and discharge the instructors, owners, and any other employees from any and all claims, demands, damages, rights of action present or future, resulting from or arising out of the participants use of the ice and or its facilities. Participation is entirely their own choice and with the understanding of risk of accidental injury involved in any activity involving motion or height. I understand that Lakeshore Skating School may take pictures/videos of their students and use in advertising or social media.

Signature (if over 18): _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Mail to: Lakeshore Skating School 123 Ling Road, Rochester, NY 14612
www.lshaice.com 585-865-2800 ext. 203