



2018/2019 Fall/Winter Skating School Registration

ONE FORM PER CHILD - Please See Other Side/Sheet for Classes

Student Name: _____ Birthdate: _____

Address: _____
Street City Zip Code

Home Phone: _____ Sex: Male Female Grade: _____

Payment must be received in the Ice Arena before the first class or your child will not be allowed on the ice. Checks must be attached to the forms and each child must have their own form.

Skaters must have their own skates and helmets.
Helmets are required for all students except Bridge Skaters.

See other side/page for classes. Please mark all classes that your child will be attending.

ACTIVITIES PARTICIPATION AND EMERGENCY MEDICAL PERMISSION (REQUIUED)

_____		Home Work Mobile	
Parent(s)/Guardian(s) Name(s) {Circle: Mr., Mrs., Ms., Dr.}		Parent Phone : Mother Father Guardian	
_____		_____	
Email Address	Mother	Father	Guardian
_____		_____	
Family Physician		Physician's Phone	

I consent to my child's participation in the Fall/Winter Skating School. I also consent to and authorize the provision of emergency medical treatment for my child until I can be contacted and agree to be responsible for the cost of the treatment. Please notify the Skating School, in writing, regarding your child's medical information that should be on file.

Signature of Parent or Guardian Date

In case of emergency, if parents are not available, call:

Name Relationship Phone

Mail registration and fee to: University School of Milwaukee - Ice Arena
Attention: Jason Woods or Jill Herbst
2100 W. Fairy Chasm Road
Milwaukee, WI 53217

FOR QUESTIONS ABOUT CLASSES, PLEASE CONTACT **JILL** BY PHONE AT (414) 540-3306

FOR BILLING QUESTIONS PLEASE CONTACT **JASON** BY PHONE AT (414) 540-3307