



USFS Learn to Skate Registration 2011-2012
 (Please Print Clearly)

Skater
 Last Name: _____ First: _____

Date of Birth: ____ / ____ / ____

Returning skater? Yes ____ No ____ If yes, badge currently working on ____

Address: _____ Town: _____ Zip: _____

Phone number(s): home _____ cell _____

Email address for class schedule information:

 (Please Print Clearly)

Liability Waiver

The undersigned acknowledges that ice skating and skating sports are hazardous activities and understands that Commonwealth Figure Skating Club, the Joseph Zapustas Arena or the Max Ulin Arena, and their respective agents, officers, professionals, servants, and employees shall not be liable and shall assume no responsibility for any injuries and/or loss or damage of property. In addition, as the parent or responsible adult, I agree to meet the financial obligations of the contract as described above. ***A parent, guardian or responsible adult must remain in the rink with the skater(s) at all times.***

Please Print
 AdultName _____ Signature _____

Please make checks payable to CFSC. There will be a \$ 25 fee for returned checks.

Term Fee	\$160.00
Sibling Discount (applicable to families with more than one skater enrolled in the same term)	(-) \$15 per sibling
Prorated Class (applicable to skaters enrolled after the term start date)	(-) \$15 per class
Waived USFS Fee (applicable to skaters enrolled for second and/or third term in one season)	(-) \$12 per term
TOTAL DUE	\$

For Office Use Only
 Check # _____ Cash \$ _____ Received by: _____