



Commonwealth Figure Skating Club
 240 North Main Street, Randolph, MA 02368
 LEARN TO SKATE REGISTRATION FORM

Skater's Last Name _____ First Name _____

Date of Birth ____/____/____

Returning Skater yes____ no____ Badge # Passed _____

Second Skater: Last Name _____ First Name _____

Date of Birth ____/____/____

Returning Skater yes____ no____ Badge # Passed _____

Address _____

Phone Number _____ email _____ OVER

The undersigned acknowledges that ice skating and skating sports are hazardous activities and understands that the Commonwealth Figure Skating Club, The Joseph Zapustus 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 be present in the rink with skaters at all times.

Please Print Name of Adult _____ Signature _____

No Refunds given after start of 2nd Class

Please Make Check Payable to CFSC. A \$15.00 fee is charged for returned checks.

OFFICE USE ONLY:

Session 1: Cash _____ Check/# _____ Signature _____

Session 2: Cash _____ Check/# _____ Signature _____

Session 3: Cash _____ Check/# _____ Signature _____