



FLYING STARLINGS LEARN TO SKATE

REGISTRATION FORM

2020-2021

SKATER INFORMATION

NAME & DOB:	
ADDRESS:	

PARENT/ GUARDIAN INFORMATION

NAME:		
PHONE #:	(H)	(C)
E-MAIL ADDRESS:		

(FEE: \$25)

PAYMENT: CHECK ONE.

CASH

CHECK

By signing below, I hereby agree to fully represent Silver Lining Skating Club and its entirety. To skate in compliance with ALL ISI RULES AND REGULATIONS AND TO REMAIN IN GOOD STANDING FOR THE TERM WITH SILVER LINING SKATING CLUB. I understand and accept the risk of injury resulting from participation. I KNOWINGLY AND FREELY ASSUME ALL RISKS and, for myself and on behalf of me heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Silver Lining Skating Club, their officers, officials, agents and/or employees, instructors, coaches, other participants, sponsoring agencies, sponsors, advertisers, owners and lessors of premises used for the activity (“Releases”) WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, loss or damage to person or property associated with my participation to the fullest extent permitted by law.

Skater Signature: _____ Date: _____

Parent Signature: _____ Date: _____