

**2009 Camp Chill Registration Form**  
**Dec. 28, 29, 30 9:00am-1:00pm**

Skater's Name	Age	Current Class Level
Skater's Name	Age	Current Class Level
Address		
Phone email address		
Emergency contact person's name & phone number during camp		
Physician	Phone	
Hospital	Medical Insurance	Policy #

**Waiver:** I am aware that participating in this program may result in serious injury/death, and I am willing to accept and assume all responsibilities for loss/damages/injuries that may occur. In addition, I release Capitol Skating School, LLC and it's affiliates, Capitol Ice, LLC., sponsors and organizers from any liability. In the event of injury, I give my permission for the person in charge to seek medical attention. I authorize promotional use of participant's visual image and statements. I understand there are no refunds.

Signature Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 Camp Chill Fee \$90.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
 # of skaters

Please mail completed registration & payment to  
 Capitol Skating School, LLC  
 4702 Toefer Rd., Middleton, WI 53562  
 Registrations are limited & must be  
 postmarked by Dec. 14



# Camp Chill

**capitol skatingschool**  
 833-3922  
 capitolskatingschool.com

A Skating Camp for Ages 6 & Up  
 Basic 2 (or equivalent) - Advanced Levels  
 Dec. 28, 29, 30 9:00 am - 1:00 pm  
 Join us for some FROZEN FUN!



Off-ice group instruction  
 (tennis shoes, jump rope, stretch mat/towel needed)

On-ice group lesson  
 (6-8 / group based on ability)

Craft project

Lunch (bring your own)

On-ice supervised practice

Skates provided (for use during camp)

Capitol Ice, 2616 Pleasant View Rd., Middleton, WI 53562

