



2009-2010 Registration Form and Waiver

Please circle session: 1 2 3 4

Registration form line 1: SKATER'S NAME, DOB, AGE, CLASS DAY & TIME, CLASS NAME (Please circle above), LEVEL (Please circle)

Registration form line 2: SKATER'S NAME, DOB, AGE, CLASS DAY & TIME, CLASS NAME (Please circle above), LEVEL (Please circle)

Registration form line 3: SKATER'S NAME, DOB, AGE, CLASS DAY & TIME, CLASS NAME (Please circle above), LEVEL (Please circle)

STREET ADDRESS, CITY, STATE, ZIP

PHONE, E-MAIL ADDRESS

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.

PARTICIPANT SIGNATURE (if over 18) OR PARENT / GUARDIAN, DATE

Please mail completed registration and payment to:

Capitol Skating School, LLC
4702 Toepfer Rd.,
Middleton, WI 53562

For Office Use Only: Check Number, Date Received