

Skating Club of the Finger Lakes

SUNY Geneseo Ice Rink Saturday 10 am - 12:00 pm Basic Skills Registration Form 2011-2012

Please fill out one sheet for each child

Full Name		Date of Birth	
Street		Home Phone	
City, State, Zip		Cell Phone	
Parents(s) Name		Male/Female	
Emergency Name and Relationship		Emergency Contact Number	
Name of Medical Insurance		Policy #	
E-mail			

Have you ever been a Basic Skills Member? Y/N	If so when?
Last Skill Level Passed	

Saturday Basic Skills Club Fees (one form per skater)	Session One	Session Two
Check the appropriate selection _____ \$130.00 for 1 st Family Member _____ \$120.00 for 2 nd or subsequent Family Member		
\$ 12.00 for USFSA Basic Skills Registration (annual per skater)		
TOTAL REGISTRATION FEES PAID PER SESSION		
Make Checks Payable to the - Skating Club of the Finger Lakes		

Medical Release

I, _____ (Parent or Legal Guardian), do hereby authorize a representative from the Skating Club of the Finger Lakes to obtain whatever necessary medical treatment may be deemed necessary for my minor child _____ (name of child) while participating in the SCFL Basic Skills Learn to Skate program.

Signed: _____ Dated : _____

Photo Release

I, _____ (parent or legal guardian), do hereby authorize the Skating Club of the Finger Lakes, to use photographs of my child _____ (name of child), to be posted in the periodic newsletters, and/or on the SCFL Web site. I further understand and agree that my child's first name and last name will accompany the pictures in the monthly newsletter, and that my child's first name only will be published with pictures on the web site. I further understand and agree that the pictures will only be used to encourage amateur athletes and to promote the sport of figure skating.

Signed: _____ Dated: _____

The **Basic Skills Registration Form** and the **Waiver** must accompany this Form for complete registration.

******Please attend registration night September 22 at Geneseo Central School, 4050 Avon rd., Geneseo from 6:30-8:00 pm with these completed forms OR return completed Registration forms by September 22 to:**

**Skating Club of the Finger Lakes
c/o Coach Cheryl Trelly
1148 York Street
Honeoye Falls, NY 14472**

Please plan on arriving approximately ½ hour early to allow for completion of registration process on first day.

**Please note: Skaters are responsible for bringing their own skates and gloves (a thin cloth pair works best)
These are mandatory for basic skills skaters**

*Club Use Only
Session One*

Officer's Approval:		Amount Received:	
Date Received:		Form of Payment:	

*Club Use Only
Session Two*

Officer's Approval:		Amount Received:	
Date Received:		Form of Payment:	



**U.S Figure Skating
Waiver and Release, Assumption of Risk and Parental Consent and
Indemnity Agreement**

In consideration of my minor child being permitted to participate in any way in the U.S. FIGURE SKATING AND CLUB or the **SKATING CLUB OF THE FINGER LAKES** in sponsored Activities ("Activity"), I agree:

1. I understand the nature of U.S. FIGURE SKATING and the SKATING CLUB OF THE FINGER LAKES activities and the Minor's Experience and capabilities and believe the Minor to be qualified to participate in such Activity. I further acknowledge that I and the Minor are aware the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant and will instruct the Minor that if at any time the Minor believes conditions to be unsafe, he/she will immediately discontinue further participation in the Activity.

2. **I FULLY UNDERSTAND** that: (a) U.S. FIGURE SKATING AND CLUB or the SKATING CLUB OF THE FINGER LAKES Activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks")**; (b) these Risks and dangers may be caused by the Minor's own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW**; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** incurred as a result of the Minor's Participation in the Activity.

3. I **HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the SKATING CLUB OF THE FINGER LAKES, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the Minor's behalf makes a claim against any of the Releases named above, I **WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.** I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name of Minor Child (Please print)

Signature of Parent or Legal Guardian

Signature of Witness

Date

Printed Name of Parent or Legal Guardian

Printed Name of Witness

Date