

2010 Spring Ice Show Registration form

Skater's Name _____ Birthdate: _____

Parent's Name _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____

Previous Skating Experience: Y / N (Circle one)

Highest Level passed: _____ Location Arena: _____

Committees that you are interested in working on _____

Registration packages are defined in the opening packet. A non-refundable deposit of \$30.00 is required to register. All registration forms and deposits are due by Dec. 21st. Final payments will be divided into two payments with due dates of Feb. 1st and March 1st. Make all checks payable to "Taylor Sportsplex". Please check all that you are registering for:

Package A - \$75.00 _____

Package B - \$115.00 _____

Package C - \$165.00 _____

Package D - \$130.00 _____

Package E - \$170.00 _____

Package F - \$220.00 _____

Solo / Feature/ Duet - \$40.00 _____

Representations, Acknowledgements, and Agreements:

I hereby represent and certify that the age of the registrant listed is correct and acknowledge and agree that the registrant is physically fit to engage in both structured and unstructured activities at the Taylor Sportsplex.

I acknowledge the inherent risk of serious injury or even death associated with ice skating, ice hockey, inline hockey, soccer and flag football activities and I hereby release, discharge, and agree to indemnify and hold harmless the Taylor Sportsplex, its owners, managers, affiliates, and employees from any and all claims by or on behalf of the registrant arising from the registrant's participation in ice skating, ice hockey, inline hockey, soccer and flag football activities at the Taylor Sportsplex.

I hereby represent and certify that the registrant has adequate health insurance to cover any and all injuries occurring as a result of participation in ice skating, ice hockey, inline hockey, soccer and flag football activities at the Taylor Sportsplex and as the parent or legal guardian of the participant, I hereby consent to any and all emergency medical care for participant and agree to pay for same.

Parent or Legal Guardian Signature

Date