

Syracuse FSC Skating School

2017-18 MEMBERSHIP AND REGISTRATION FORM

Operated by the Syracuse Figure Skating Club at the Lysander Ice Arena

Please fill out one form for each skater - all fields REQUIRED

Skater Name	USFSA Number <small>(for returning skaters)</small>	Date of Birth	Gender M F
Mailing Address	City		Zip
Parent/Guardian Name(s)	Parent Email Address		
Home Phone	Cell Phone	School District	

Select class day Tuesday
summer session Tuesday only

Have you ever taken lessons before Yes
 No

**If yes, were they through our Skating School?
If no, at what rink?** Yes
 No

If you've taken lesson before, what is the highest level passed?

Basic Skills _____
Free Skate _____
Hockey _____

How did you hear about our program?

previous enrollment
 flyer
 brochure
 street sign
 internet
 referral (listname) _____
 other (list source) _____

SPECIAL BONUS (available this fall)

Double your skating time *year round!*

Sign up for two lessons per week - both Tuesday AND Saturday classes at the same level - and receive a \$20 discount on the second class.

List both classes on the right and then take the \$20 discount off of your total.

Payment

Please indicate class day and level - Basic Skills (1-6), Free Skate or Hockey

**The fee is:
Session 1: \$90 per session**
(seven weeks 07/11/17-08/22/17)

Class 1: _____ \$ _____

Class 2: _____ \$ _____

Sub-Total Sub-Total \$ _____

2016-17 Learn To Skate USA Membership \$ _____ 16 _____
(Annual Learn To Skate USA Membership Fee of \$16 applies to ALL skaters. Valid 7/1/17 - 6/30/18)

Twice a week discount (available in fall)

Sign up for both Tuesday AND Saturday classes and take \$20 off your fee

TOTAL AMOUNT DUE \$ _____

Make checks payable to: Syracuse FSC

Mail to: Syracuse FSC
PO Box 807
Baldwinsville, NY 13027

Office Use Only :

Date Logged: _____

Date Paid: _____

WAIVER: As a participant in the Syracuse FSC Skating School Program, it is understood that there are some hazards in this activity, like all other activities. As a member of the Skating School Program, I agree to hold the Lysander Ice Arena/Home Ice 1 LLC, its officers and principals, and the Syracuse Figure Skating Club, its officers, principals, board members and skating coaches harmless for any loss or injury on this date and any future date.

I am also aware that there will be no refunds after the first two lessons.

I give permission to use my (my child's) photograph for promotional material in the media, Yes No on the web site, for press releases and in brochures. *(please check one)*

SIGNATURE _____ DATE _____

(Parent/Guardian signature if skater is under 18 years of age)

