



Commonwealth Figure Skating Club USFS Learn to Skate (LTS) Program Registration Form



(Please print clearly)

Skater's Last Name: _____ First Name: _____

Date of Birth: ____/____/____

Street Address: _____

Town: _____ Zip: _____ Phone: _____

Email (please print): _____

Has the skater participated in CFSC LTS in prior years? Yes: _____ No: _____

If yes, badge/level currently working on: _____

How did you hear about us? Newspaper: ___ Facebook: ___ Friend: ___ Web: ___ Other: _____

Please read and initial the five bulleted items below:

- The undersigned acknowledges that ice skating and skating sports are hazardous activities and understands that Commonwealth Figure Skating Club (CFSC), the Joseph Zapustas Arena or the Max Ulin Arena, and their respective agents, officers, professionals, servants, and employees shall not be liable and shall assume no responsibility for any injuries and/or loss or damage of property. _____
- I grant CFSC the right to take photographs of my child. I authorize CFSC, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically. I agree that CFSC may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. _____
- A parent, guardian or responsible adult must remain in the rink with the skater(s) **at all times**. _____
- There will be a \$25 fee for returned checks. _____
- There are **NO** refunds after the first lesson. _____

I have read and understand the above:

Print Adult's Name: _____ Signature: _____

Please make checks payable to CFSC.

Office Use Only:

Fall Session	
Session Fee	
Family Discount	
Prorate Amt.	
TOTAL FEE	
Check #: _____	Cash: _____
CFSC Initials	

Winter Session	
Session Fee	
Family Discount	
Prorate Amt.	
TOTAL FEE	
Check #: _____	Cash: _____
CFSC Initials	

Spring Session	
Session Fee	
Family Discount	
Prorate Amt.	
TOTAL FEE	
Check #: _____	Cash: _____
CFSC Initials	