

**REGISTRATION FORM**  
**Registration Form**  
**January - March 2010**

Skaters Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian(s) Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Yes communicate via email

Email \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Previous ISI or USFS level & membership # (if applicable) \_\_\_\_\_

New Member  Returning Member

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Permission to administer First Aid: The Skater herein described has my permission to participate in all skating activities except as noted. I give consent to CNHSA and its medical representative to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned skater, for any injury that could arise. I hereby give permission to order x-rays, routine tests, treatment and to release any records necessary for insurance purposes, and to provide or arrange transportation from my child in my absence.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**ISI Registration**

Skater  Additional Skater  **Total** \_\_\_\_\_  
 \$35 per Skater, parent/guardian/sibling (covers participation in OpenSkate for additional skater)

**Skill Development (Includes 1/2 hour of Open Skate)**

Hockey	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Full Payment	<input type="checkbox"/>	Payment Plan	<input type="checkbox"/>	<b>Total</b>
Figure Skate	<input type="checkbox"/>	Saturday	<input type="checkbox"/>					

Thurs \$165, Sat \$150

**Power Skate & Edgework (Includes 1/2 hour of Open Skate)**

Hockey	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Full Payment	<input type="checkbox"/>	Payment Plan	<input type="checkbox"/>	<b>Total</b>
Figure Skate	<input type="checkbox"/>			\$165				

**Ice Theatre (Includes 1/2 hour of Open Skate)**

	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Full Payment	<input type="checkbox"/>	Payment Plan	<input type="checkbox"/>	<b>Total</b>
	<input type="checkbox"/>	Saturday	<input type="checkbox"/>					

Thurs \$165, Sat \$150

**Freestyle**

**Ice\*\*** \*\*Skaters may choose 1 or both of the Thurs Freestyle times. The 6:30 - 7:00 slot is not available for Ice Theatre participants as this is their lesson time

Thur 6:30 - 7:00 PM	<input type="checkbox"/>	Full Payment	<input type="checkbox"/>	Payment Plan	<input type="checkbox"/>	<b>Total</b>
Thurs 6:00 - 6:30 PM	<input type="checkbox"/>	\$82 (\$164 for 2 sessions)				

**Multiple  
 Program/child  
 discount 10%**

**TOTAL** \_\_\_\_\_