

Lake Region Figure Skating Club 2016-2017 Registration Form

Family – Parent/Guardian(s)		
Address:		
City:	State	ZIP Code
Home Phone	Cell Phone	Second Cell Phone
Email Address:		Optional Second Email:

Skaters – Please list all skaters under 18 years of age who will be on the ice.

Name: _____ Date of Birth: _____ (circle) Male or Female Grade: _____ Skating Level: _____ Check Planned Activities: <input type="checkbox"/> Basic Skills Group Lessons <input type="checkbox"/> Morning Ice/Private Lessons <input type="checkbox"/> Synchronized Skating <input type="checkbox"/> Shooting Stars <input type="checkbox"/> Twinkling Stars <input type="checkbox"/> Theatre On Ice <input type="checkbox"/> Competition <input type="checkbox"/> USFS Testing <input type="checkbox"/> Ice Show <input type="checkbox"/> Recreational Only	Name: _____ Date of Birth: _____ (circle) Male or Female Grade: _____ Skating Level: _____ Check Planned Activities: <input type="checkbox"/> Basic Skills Group Lessons <input type="checkbox"/> Morning Ice/Private Lessons <input type="checkbox"/> Synchronized Skating <input type="checkbox"/> Shooting Stars <input type="checkbox"/> Twinkling Stars <input type="checkbox"/> Theatre On Ice <input type="checkbox"/> Competition <input type="checkbox"/> USFS Testing <input type="checkbox"/> Ice Show <input type="checkbox"/> Recreational Only	Name: _____ Date of Birth: _____ (circle) Male or Female Grade: _____ Skating Level: _____ Check Planned Activities: <input type="checkbox"/> Basic Skills Group Lessons <input type="checkbox"/> Morning Ice/Private Lessons <input type="checkbox"/> Synchronized Skating <input type="checkbox"/> Shooting Stars <input type="checkbox"/> Twinkling Stars <input type="checkbox"/> Theatre On Ice <input type="checkbox"/> Competition <input type="checkbox"/> USFS Testing <input type="checkbox"/> Ice Show <input type="checkbox"/> Recreational Only
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Please list any parent or guardian that may skate on the ice during Family Skate time:

Name: _____ Name: _____