



Camp Enrollment Form

Last Name: _____ First Name: _____

Level: _____

Date of Birth: ____/____/____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Parent/Guardian: _____

E mail: _____

Primary Phone: () _____ Secondary Phone: () _____

I/my child has the following health problems or special needs, which the Skating School should know about:

Additional Notes: _____

PLEASE CHECK ONE:

INDIVIDUAL DAY (Please specify below) **FULL WEEK**

Date 1: _____ Date 2: _____ Date 3: _____ Date 4: _____ Total: \$ _____

TERMS AND CONDITIONS

- All Tot level skaters must wear a helmet.
- All students must wear gloves or mittens.
- All students must wear their nametag to class each week. There is a \$5 replacement fee for nametags that are lost or left home.
- We do not offer refunds, credits, or make up classes.
- Please layer warm, comfortable clothing that allows for unrestricted movement. Jeans are not recommended.
- Wear thin socks/stockings and tie skates tightly for maximum support.
- If fewer than 4 skaters are enrolled in a class, it may be cancelled or combined with another class.
- During the first two weeks of class our professional staff will evaluate skaters based on age and ability.

I /my child skates in this class at my/his/her own risk and hereby release ISI, the host facility, and their officers, directors, instructors, and personnel from all liability.

I declare that the above information is true. I do hereby grant and give the ISI and the arena the right to use my or my child's photograph or image with or without I or my child's name, both single and in conjunction with other persons or objects for any and all purposes.

SkatersSignature: _____

If under 18, Parent/Guardian's Signature: _____

Card Type: _____ Card Number: _____

Name on Card: _____ Expiration Date: _____

Amount: _____ Signature: _____

Fax to (718)760-9008