



## 2018-2019 Basic Skills Registration



New Skater?       New address?       Female    Male

Skater's Name \_\_\_\_\_ Phone \_\_\_\_\_

First MI Last

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

e-mail \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/ Guardian's Name(s) \_\_\_\_\_  
(If skater is under 18)

United States Figure Skating (USFS) Basic Skills classes sponsored by the Sheboygan Lakers Figure Skating Club (SLFSC) are held on **Monday evenings** at the Sheboygan Lakers Ice Center. Registration and payment for Session 1 is due by 9/10 Registrations and payments for all subsequent Sessions are accepted up to and including the first class of that Session.

		Session	1	2&3	4
<b>Class Schedule</b> (Please check the box for each desired class)			<b>Fees</b>	<b>Fees</b>	<b>Fees</b>
Figure Skating	6:00-6:30 SnowPlow Sam <input type="checkbox"/> 1* <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Age 5 and under)		\$52*	\$63*	\$63*
	6:00-6:45 Basic <input type="checkbox"/> 1* <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Pre Freeksate Freeskate: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Adult*		\$65*	\$78*	\$63*
	7:15-8:00 <input type="checkbox"/> Individual Practice Ice		\$50	\$60	\$60
	8:00-8:45 <input type="checkbox"/> Freeskate: <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7+		\$65*	\$78*	\$63*
*Skaters new to a USFS Basic Skills program begin in *Snow Plow 1 (ages 4-6), *Basic 1 (ages 7-17), or *Adult (age 18+). Session 1 is (5) 45 minute classes, Session 2 &3 is (6) 45 minute classes, Session 3 is (6) 30 minute classes. Class dates/time subject to change, session 4 times adjusted for ice show practice, published online. Additional 3% added to all credit card purchases.					

\* One Time \$16 U.S. Figure Skating Registration Fee. Includes :USFS Basic Skills membership card, year patch, sports accident insurance, issue of SKATING magazine and record book(new members). Required for all skaters not already a full member of USFS.

		Class Dates					
Figure skating	<input type="checkbox"/> 1	9/10,	9/17,	9/24,	10/1,	10/8	
	<input type="checkbox"/> 2	10/15,	10/22,	10/29,	11/5,	11/12,	11/19
	<input type="checkbox"/> 3	11/26,	12/3	12/10,	1/7,	1/14,	1/21 (no class 12/17, 12/24, 12/31
	<input type="checkbox"/> 4	1/28,	2/4,	2/11,	2/18,	2/25,	3/4 (30 min classes adjusted for ice show practice)

~~~Register by **9/10** for the whole season and **SAVE \$25!** (\$259 for all 4 sessions).~~~

Class sizes are limited and will be filled on a first come, first served basis. Classes may be combined in the event that a substitute coach is not available, or due to low enrollment. Refunds or make-ups are not given for missed classes. \*\*Session Dates subject to change.

If you are unable to register at the rink, you may send a check or money order (made out to SLFSC) and your completed registration form (**2 pages**) to:

**SLFSC**  
1202 S Wildwood Ave  
Sheboygan, WI 53081

Questions? Contact Kathy Scott  
Kathy Scott  
[katscott4131@yahoo.net](mailto:katscott4131@yahoo.net)

## Medical Authorization (Required)

\_\_\_\_\_ (the participant) is authorized by the undersigned to participate in the Sheboygan Lakers Figure Skating Club's (SLFSC) skating sessions, and the undersigned agrees to accept full financial responsibility for all fees, costs, damages, and expenses incurred or caused by the participant in all aspects of the program and/or use of the facilities, on or off the ice.

The undersigned further authorizes SLFSC and Sheboygan Blue Line Association (SBLA), or their agents, to exercise their judgment to seek and obtain medical care for the participant in the event of an acute illness or injury necessitating such care while making all reasonable efforts to comply with any special medical direction as noted below. The undersigned agrees to pay all expenses incident to such illness or injury including, but not limited to, transportation, evaluation, diagnostic testing and treatment. The undersigned hereby releases SLFSC, SBLA, their respective board members, members, volunteers, staff, and agents from all liability for injury or loss of property of the participant on or off the ice.

The undersigned agrees that SLFSC and SBLA along with their respective officers, staff, and agents assume no responsibility for accidents or injuries on or off the ice or for any loss or damage of personal property. SLFSC reserves the right to cancel this program due to low enrollment or any other unforeseen circumstances. Refunds are only given upon SLFSC's cancellation or participant's medical inability to participate as stated on dated doctor's confirmation.

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Participant's printed name & signature (or Parent/ Guardian's name if Participant is <18 years old) \_\_\_\_\_ Date \_\_\_\_\_

|                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|
| Please list here any special medical direction (hospital/ physician preference, existing conditions, etc):<br>_____<br>_____<br>_____ |
|---------------------------------------------------------------------------------------------------------------------------------------|

## Press Release (Optional)

We'd like to brag about you! SLFSC is authorized by the undersigned to publish the participant's image and information related to figure skating in its promotional media such as its website, newsletter, bulletin boards, etc. The undersigned also authorizes SLFSC to distribute this information to other media agencies such as newspapers, television, radio, etc. It is understood that SLFSC's use and distribution of the participant's image and information shall be limited to public promotion of figure skating; personal or for-profit use is prohibited.

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Participant's printed name & signature (or Parent/ Guardian's name if Participant is <18 years old) \_\_\_\_\_ Date \_\_\_\_\_

|                                 |
|---------------------------------|
| Description of other credit(s): |
|                                 |
|                                 |

Registration Fees: \$ \_\_\_\_\_  
 Credits, if any: - \$ \_\_\_\_\_  
 Voucher  
 SCRIP  
 See left.  
 Total Amount Due: = \$ \_\_\_\_\_  
 (Please make checks payable to SLFSC)

## *Thank you!*

|                      |            |               |                   |
|----------------------|------------|---------------|-------------------|
| 1. Amount Paid _____ | Cash _____ | Check # _____ | Received by _____ |
| 2. Amount Paid _____ | Cash _____ | Check # _____ | Received by _____ |
| 3. Amount Paid _____ | Cash _____ | Check # _____ | Received by _____ |
| 4. Amount Paid _____ | Cash _____ | Check # _____ | Received by _____ |