

# 2017 “Westside” Summer Skate Program

## REGISTRATION FORM

*PLEASE PRINT*

**Participant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Participant’s Grade 2017-18:**    **Frosh**    **Soph**    **Junior**    **Senior**

**Parent’s Full Names:** \_\_\_\_\_

**Parent’s Full Names:** \_\_\_\_\_

**Parent’s Address (if different than Participant):**

\_\_\_\_\_  
\_\_\_\_\_

**Parent’s Phone:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Parent’s E-Mail:** \_\_\_\_\_

**Office Use:**

**Payment:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Type:**    **Full Session**            **Pay to Play**                            **Waiver:**    **Yes**            **No**

**PTP Dates:** \_\_\_\_\_