



Mid-Winter Camp Enrollment Form

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Level: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Parent/Guardian: _____ E-mail: _____

Primary Phone: _____ Secondary Phone: _____

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

PLEASE CIRCLE ONE:

INDIVIDUAL DAY
\$75 each (please specify below)

FULL WEEK
\$300

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

Additional Notes: _____

- All Tot-level skaters must wear a helmet.
- 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 wear gloves/mittens and layer warm, comfortable clothing that allows for unrestricted movement. Jeans are not recommended.
- 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 my or my child's name, both single and in conjunction with other persons or objects for any and all purposes.

Skaters Signature: _____

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

Card Type: _____ Card Number: _____

Name on Card: _____ Expiration Date: _____

Amount: _____ Signature: _____