

Member Information

Livingston Skate Club

Date: _____

Skater's Information

Participant's Name	Date of Birth	Age	M F (Circle One)
Address	City, ST Zip Code		
Phone	Contact Email		
Emergency Contact / Guardian Name	Emergency Contact / Guardian Phone		

Skill Level

Previous US Figure Skating **Free Skate** Level Passed (if applicable): _____

Previous US Figure Skating **Moves in the Field** Level Passed (if applicable): _____

Previous ISI Level Passed (if applicable): _____

Fees

Livingston Skate Club Yearly Membership Fee (Due Oct. 1st): \$40 Receipt/Check #: _____

Consent

Waiver & Release: By signing below, I understand and accept the following: Accidents while skating may cause injury. In consideration for being permitted to use the rink, or to participate in group lessons, skaters undertake to assume all risks while taking part in or observing this activity. All patrons and their guests agree to release and waive all claims against Livingston Skate Club, its agents, servants, employees, Director and all the instructors.

Signature (Parent's/Guardian's Signature if under 18) _____ Date _____

Skater / Parent's Name (Please Print) _____

Photo / Video Consent: Livingston Skate Club has my permission to take photographs and videos of my child publicly to promote our club. I understand the images may be used but not limited to; print publications, online publications, websites and social media. This is for September 1st 2018 through August 31st 2019.

Signature (Parent's/Guardian's Signature if under 18) _____ Date _____

Skater / Parent's Name (Please Print) _____

Return registration form to LSC mailbox, LSC front desk, or email to bradl2jm@gmail.com.