

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): _____

Fees

Livingston Skate Club Yearly Membership Fee (Due Oct. 1st): \$50 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 2019 through August 31st 2020

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

Skater / Parent's Name (Please Print) _____

Return registration form to LSC front desk or email to livingstonskateclub@gmail.com.