



**Registration 2011/2012 Season  
Falmouth Figure Skating Club  
LEARN TO SKATE PROGRAM  
Sundays: 4:25 – 5:10 pm Ages 3 - 17  
January 8, 2012 - February 26, 2012**

SKATERS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT OR GUARDIAN'S NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_  
(if parent/guardian cannot be reached)

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

**Waiver and Indemnity Agreement:**

In consideration of my child being allowed to participate in any way in the FFSC Learn to Skate program, related events and activities at the Falmouth Ice Arena, I, the undersigned, acknowledge, appreciate, and agree that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist, and I knowingly and freely assume all such risks, both known and unknown of my child's participation in the FFSC Learn to Skate program, even if arising from the negligence of the releasees or others, and I assume full responsibility for my child's participation. This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the releasees (Falmouth Ice Arena employees, FFSC coaches, and staff), from any and all liabilities incident to my minor child's involvement or participation in the FFSC Learn to Skate program, as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law. I hereby give my consent for medical treatment deemed necessary by emergency room physicians and/or for the transportation to a hospital emergency room for treatment for any illness or injury resulting from his participation in this program. I attest that my child has had physical exam performed by a medical physician within the last three hundred and sixty days of my signature and has been cleared to participate in any physical activities and/or athletic games or activities. I confirm that I have health and dental insurance and will be responsible for all medical and dental costs covered and/or not covered by my policies. I understand that all fees are non-refundable and that I will not receive any portion of a refund should my child be expelled from the FFSC Learn to Skate program for disciplinary reasons. I agree not to leave my child and/or children, family, and travel party unsupervised before, during, and after any and all activities associated with the FFSC Learn to Skate program. I intend this instrument to take effect as a sealed instrument.

**Parent / Guardian Signature:**

**Date:**

**Return form along with a check for \$88.00, payable to: F.F.S.C.**  
(Fee includes annual registration for United States Figure Skating Fee)

Mail to: FFSC, PO Box 464, Falmouth, MA 02541

Direct questions to:

[ffsc@falmouthfigureskating.com](mailto:ffsc@falmouthfigureskating.com)

or

(508-548-7080, ext. 13)

# **Receipt for parent/guardian records**

## **FALMOUTH FIGURE SKATING CLUB LEARN TO SKATE PROGRAM**

**January 8, 2012 - February 26, 2012**

**Sunday's 4:25 – 5:10 p.m.**

**Cost = \$88**

### **FIGURE SKATES ONLY MUST BE WORN – NO HOCKEY SKATES ALLOWED**

The Learn to Skate Program is an instructional program sponsored by the Falmouth Figure Skating Club to help your son or daughter learn the basics of figure skating.

### **PARENTS/GUARDIANS ARE NOT ALLOWED ON ICE WITH CHILDREN**

### **HELMETS ARE MANDATORY FOR YOUNGER SKATERS, FIRST TIME SKATERS AND BEGINNERS IN THE LEARN TO SKATE PROGRAM**

**Suggested proper attire for skating:**

- 1. gloves or mittens, winter hat**
- 2. jacket or heavy sweatshirt**
- 3. snow pants for the younger skaters**
- 4. stretchable pant wear for all other skaters**
- 5. Tights or thin nylon socks**  
(regular socks will make poor circulation and feet will get cold)

### **NO REFUNDS AFTER THE FIRST CLASS**

**For further information:**

**Email:** [ffsc@falmouthfigureskating.com](mailto:ffsc@falmouthfigureskating.com) or call 508-548-7080, ext. 13