

6/30/2008-6/30/2009 SEASON

LIGHTHOUSE FIGURE SKATING CLUB

MEMBER WALK-ON FORM

Name: _____ **USFSA#** _____

Address: _____

Email: _____ **Phone:** _____

Emergency Contact: _____

FEE: \$18.00/one hour session

DATE: _____

Lighthouse Figure Skating Club of Cape Cod, Inc. Regulations and Release form:

I understand that I must abide by the rules and regulations of the LFSC of Cape Cod Inc. and Mid-Cape Ice arena Inc. pertaining to conduct and procedures. I will not hold any employee of Mid-Cape Ice Arena or any member or Board Member of LFSC of Cape Cod Inc. liable for any damages that I or my child may incur either physically, monetarily, or psychologically while I or my child are on rink property or while participating in LFSC of Cape Cod Inc. ice sessions or activities. In the event of illness, the LFSC of Cape Cod Inc. or the Mid-Cape Ice Arena Inc. has my permission to provide first-aid emergency care. I agree to pay in full for the above sessions/ice contract.

Medical Insurance Company: _____

Policy#: _____ **Policy Holder Name:** _____

Identification #: _____

Signature of parent/guardian if under 18 years of age **Date** _____