

**Palouse Hills Basic Skills Program
Learn to Skate! 20011/12 Registration**

Welcome! This season's next Learn-to-Skate session begins on January 14th. Classes are on Saturdays with levels for complete beginners to advanced skaters up to spins and single jumps for **ages 5 to adults**. Classes will be sorted by age and ability with class starting time at 12:00 or 12:30pm. Please arrive at least 20 minutes early to allow time for getting into skates. Sessions are \$78 for six Saturdays and include skate rental and five free public skate passes. **Registration deadline is January 12th – applications received after this date will require an additional \$10 late charge and will depend on class sizes.** Please complete all, sign and submit to the rink — VISA/MasterCard accepted or make checks payable to: Palouse Hills Skating Club.

Applicant

First Name	M.I.	Last Name	Birth Year	Month	Day
Parent or Responsible Party (please circle which)			Email Address @		
Street Address		City	State	Zip	
Home phone	Cell phone	Work phone		Skater's Gender	

Skills Assessment (Please check all that apply)

Never Skated ___ Skate Forwards ___ Skate Backwards ___ Crossovers ___ Glide on One Foot ___
Two Foot Spins ___ Learning for Fun/Fitness ___ Learning for Hockey ___
Basic Skills Level: _____ Freestyle Level: _____

Emergency Information

We need emergency information and any instructions you feel are pertinent for you or your child to receive the best emergency/special care should the need arise. The information on this form will be available to the Palouse Hills Basic Skills Program and the U.S. Figure Skating Basic Skills program for official use only. For your safety and comfort, we strongly recommend bringing extra wool or synthetic socks and **gloves/mittens** and a **bicycle helmet** – the rink has a limited supply of helmets if you do not have one.

Emergency Contact Person	Emergency Phone	Medical Insurance Company Number
Physician's Name	Phone	Hospital of Choice

Please note any special needs/medications taking _____

Medical Consent and Release of Liability

This is to certify that on this day ___ of _____ 201___, I _____, give my consent to the Palouse Hills Basic Skills Program, the Palouse Ice Rink Association, the Rotary Club of Moscow, and the Palouse Hills Skating Club, and its representatives to obtain medical care for skater named above from any licensed physician, or clinic should an injury occur while participating in this skating activity. By signing below, I hereby release and discharge the Palouse Hills Basic Skills Program, the Palouse Ice Rink Association, the Rotary Club of Moscow, the Palouse Hills Skating Club, and its representatives from any and all claims for personal injuries.

Signature _____