

# Skating Club of the Finger Lakes

**SUNY Geneseo Ice Rink**  
**Saturday 10 am - 11:20 am**  
**Basic Skills Registration Form**  
**2017-2018**



**Please fill out one sheet for each child**

Full Name		Date of Birth	
Street		Home Phone	
City, State, Zip		Cell Phone	
Parents(s) Name		Gender (circle one)	M or F
Emergency Name and Relationship		Emergency Contact Number	
Name of Medical Insurance		Policy #	
E-mail			

Have you ever been a <i>Basic Skills</i> Member? Y / N	If so when?
Last Skill Level Passed?	

<b>Saturday SCFL Club Fees (one form per skater)</b>		<b>Session One: Fall</b>	<b>Session Two: Spring</b>
<b>CHECK ONE</b>	<input type="checkbox"/> \$145.00 for 1 <sup>st</sup> Family Member		
	<input type="checkbox"/> \$135.00 for 2 <sup>nd</sup> or subsequent Family Member		
<b>CHECK THIS ONE</b>	<input type="checkbox"/> \$16.00 for Learn To Skate – ALL Levels All Members. This needs to be selected only ONCE annually.		
<b>TOTAL REGISTRATION FEES PAID PER SESSION</b>			
<i>Make Checks Payable to the - Skating Club of the Finger Lakes</i>			

## Medical Release

I, \_\_\_\_\_ (Parent or Legal Guardian), do hereby authorize a representative from the Skating Club of the Finger Lakes to obtain whatever necessary medical treatment may be deemed necessary for my minor child \_\_\_\_\_ (name of child) while participating in the SCFL Basic Skills Learn to Skate program.

Signed: \_\_\_\_\_ Dated : \_\_\_\_\_

## Photo Release

I, \_\_\_\_\_ (parent or legal guardian), do hereby authorize the Skating Club of the Finger Lakes, to use photographs of my child \_\_\_\_\_ (name of child), to be posted in the periodic newsletters, and/or on the SCFL Web site. I further understand and agree that my child's first name and last name will accompany the pictures in the monthly newsletter, and that my child's first name only will be published with pictures on the web site. I further understand and agree that the pictures will only be used to encourage amateur athletes and to promote the sport of figure skating.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
The **Basic Skills Registration Form** and the **Waiver** must accompany this Form for complete registration.

**\*\*\*Please return completed Registration forms by October 10 during our pre-registration free skate date or sooner if you desire to:**

**Skating Club of the Finger Lakes**  
c/o Hillary Bennett  
6851 Woodruff Rd.  
Lima, NY 14485

**Please plan on arriving approximately ½ hour early to allow for completion of registration process on first day.**

**Please note: Skaters are responsible for bringing their own skates and gloves (a thin cloth pair works best).  
These are mandatory for basic skills skaters.**

### Club Use Only Session One (Fall):

Officer's Approval:		Amount Received:	
Date Received:		Form of Payment:	

### Club Use Only Session Two (Spring):

Officer's Approval:		Amount Received:	
Date Received:		Form of Payment:	