West Hartford Figure Skating Club

Veterans Memorial Ice Skating Rink - 521-1573
56 Buena Vista Road ❄ West Hartford, CT 06107

skatevmsr.com

2015/2016 Season (September 1, 2015-August 31, 2016)

REGISTRATION FORM

Skater:_____ **D.O.B.:**_____ **Age:**_____ **Sex: M**_____ **F**_____
last *first*

Home Phone:_____

Parent/Guardian:_____ **Work Phone:**_____

Address:_____ **Town:**_____ **Zip:**_____

Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Highest Tests Passed: Figure _____ **Freestyle** _____ **Dance** _____

Moves _____ **Pair**_____

PROFESSIONAL:_____

Types of Membership

Please circle the membership which you will be registering for.

MEMBERSHIP CATEGORY	RESIDENT FEE	NON RESIDENT FEE
INDIVIDUAL	$40.00	$60.00
ADDITIONAL FAMILY MEMBER	$30.00	$50.00

Session Passbooks

All W.H.F.S.C. sessions are payable by pass **or** guesting fees. *Passbooks are available for purchase (club members only) at the rink and guesting fees are due prior to each daily session skated.

10 PASSES	20 PASSES	30 PASSES	W.H.F.S.C. MEMBER GUEST	NON MEMBER GUEST
$95.00	$175.00	$240.00	$12.00	$16.00

(Passbook purchases are separate from membership registration. Please **do not** include any passbook payments with this form. Above chart is for reference only.)*

Acknowledging that ice skating is a hazardous activity, I, the undersigned adult or parent/guardian of_____, a minor, do hereby indemnify and hold the West Hartford Figure Skating Club, Veterans Memorial Rink, its agents, employees and principles harmless from all and any claims of liability and damages to myself or the participating skater for any injuries sustained while skating at the Veterans Memorial Rink during West Hartford Figure Skating Club sessions.

Adult or Parent/Guardian _____ **Date** _____

WHFSC Membership #_____