

Day: _____
LTS USA #: _____

BAYONNE BLADES REGISTRATION FORM

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary Contact #: () _____ **Secondary Contact #:** () _____

D.O.B.: _____ **Age:** _____ **US Citizen:** (please circle) **Y or N**

Parent(s)/ Guardian name: _____

E-Mail (please print clearly): _____

How did you hear about us? _____

Please Choose: **BEGINNER** **PRIOR STUDENT**

I, the undersigned, the parent or guardian of my son, daughter, or ward, assume all risks inherent and incidental to such participation and further release, absolve, indemnify, and hold harmless the Bayonne Blades Skate School and it's professional staff for any claim arising out of an injury, or subsequent care, attention or treatment to the skater. I understand and appreciate that the risk of injury is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. By my/my child's participation, I knowingly assume all such risks, both known and unknown. Incase of emergency, I understand that every effort will be made to contact the parent or guardian of the skater. In the event they cannot be reached, I hear by give permission for the staff of the Richard L. Korpi Ice Rink or Bayonne Blades Skate School to secure proper medical treatment.

Bayonne Blades Skate School maintains a NO REFUND policy & MAKE UP CLASSES ARE NOT PERMITTED.

I understand and agree to all of the above.

Parent/Guardian Signature _____ **Date** _____

\$25 Annual Registration Fee must be included in first payment of the season.

FALL DAY _____ **TOTAL** _____ **CASH/ CHECK#** _____ **BY** _____ **DATE** _____

WINTER DAY _____ **TOTAL** _____ **CASH/ CHECK#** _____ **BY** _____ **DATE** _____

SPRING DAY _____ **TOTAL** _____ **CASH/ CHECK#** _____ **BY** _____ **DATE** _____

SHOW FEE _____ **TOTAL \$190** _____ **CASH/ CHECK#** _____ **BY** _____ **DATE** _____

<p>Cash and Checks are accepted.</p> <p>Checks payable to, MAILING ADDRESS: Bayonne Blades Skate School 38 Edwards Court Bayonne, NJ 07002</p> <p>Returned checks will be charged a \$35 fee.</p>
