BAYONNE BLADES REGISTRATION FORM

First Name:		Last Name:			
Address:		City: _		Zip:	
Primary Contact #:		Secondary Contact #:			
D.O.B.:	Age:	Gender: _	US Citi	zen?	
Parent(s)/ Guard	lian name				
E-Mail (please p	rint clearly):				
Please CIRCLE:	BEGINNER	FORMER STUDENT	TOT LES	SSON	BRIDGE
health, and in proper physical of I fully understand that skating inactions, those of others part known to me or not foreseen a I hereby release, discharge, and any sponsors and advertiaccount caused or alleged to liability, claims, demands, loss makes a claim, I agree I will int I acknowledge that I have re-	pation in any Learn to Skate USA related condition to participate in such activity. I at involves risks of serious bodily injury, in ticipating in the event, the conditions in wat this time; and I fully accept and assume nd covenant not to sue Learn to Skate Usisers of any -sanctioned event in which be caused in whole or in part by the neces, or damages arising out of the gross of demnify, defend, save, and hold harmless ad this release, waiver of liability and enors under the age of 18 years old.	Liability, Assumption of Ri activity, I acknowledge that I understand teknowledge that if conditions are unsafe, I, including permanent disability, paralysis, any which the event takes place, or the neglige all such risks and all responsibility for losse SA, its Member Clubs and Programs, their I participate (each considered one of the gligence of the Releases. This release wan negligence of, or intentional, willful or want is each of the Releases from any loss, liability express assumption of risk agreement and	the nature of the activity and to and/or my minor child, will immed death, and that these and conce of the Releases named best, costs, and damages I incur respective administrators, dire Releases herein) from all liability and express as on misconduct of Releases. If ty, damage, or cost which any in the angle and the cost which any in the conduct of the cost which any in the cost which are cost whic	that I, and/or my minediately discontinuother risks may be elow; and that ther as a result of my pactors, agents, office iility, claims, deman sumption of risk ag I, or anyone on my may incur as the reenter all participant	ue participation in the activity. caused by my own actions, or the may be other risks either not articipation in the activity. The sers, volunteers, and employees, and so, losses, or damages on my preement does not apply to any and/or my minor child's behalf, sult of such claim.
Bayonne Blade	es reserves the right to obtain gistration Fee must be inc	REFUND policy & MAK in and use photos taken at or luded in first payment of the SKATE USA SEASON IS FRO	ur center for use in a ne season. \$25 – 1 (dvertisement child, \$40- fa	and promotion. amily of 2 or more
FALL DAY_	TOTAL	CA	SH CHECK#	BY	DATE
WINTER DAY	TOTAL_	CAS	SH CHECK#	BY	DATE
SPRING DAY	TOTAL	CAS	SH CHECK#	BY	DATE