

2018 - 2019 Skate School Registration Form

Contact Information

Primary guardian: _____ Secondary guardian: _____
 Street address: _____ Street address: _____
 City/state/zip: _____ City/state/zip: _____
 Home phone: () _____ Home phone: () _____
 Work phone: () _____ Work phone: () _____
 Cell phone: () _____ Cell phone: () _____
 E-mail: _____ E-mail: _____

Emergency contact outside of household: _____ Name	Phone number () _____
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Participant Information

Participant's name: _____ Session: 1 2 3 4 summer
 Grade in Fall 2018: _____ Class Day: _____ Class Time: _____
 Date of birth: _____ Gender: M / F Snowplow Sam 1 2 3 4
 Does your child have any allergies or restrictions? Y / N Basic 1 2 3 4 5 6
 List/explain: _____ Free Skate: Pre 1 2 3 4 5 6
 Adult Beginner Adult Freeskate
 Hockey Skills* Advanced Spins*
 *permission from instructor required

____ INITIAL HERE Waiver: I understand that participation in this activity or program is completely voluntary and that the activity or program being offered is for the benefit of the participant(s). The City of Bloomington shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant(s) which are directly or indirectly attributable to the negligence, whether passive or active, of City, Blomington Public Schools, Art Center, their agents or employees, arising out of, or in connection with the activity or programs. On behalf of the participant(s) and myself, I expressly release and discharge the City and their agents or employees from any such claims, injuries or damages. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity or program.

____ INITIAL HERE Data Privacy: The data supplied on this form will be used to enroll you in a recreation and or social program. Some requested data is private. It is available to you and the City staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but City staff may not be able to complete your registration and/or you may not receive updated information.

Parent Release Agreement: city staff take pictures, slides and videos of participants enjoying the activities for use in marketing and promotion of the programs. If I do not grant permission, I will send a letter to the City of Bloomington, Parks and Recreation expressing my wishes.

Parent/guardian signature _____ Date _____

Payment Information

Check # _____ (Payable to City of Bloomington) Cash \$ _____
 Cardholder's Name: _____ Cardholder's signature: _____
 Card number: _____ CSV _____ Expiration date: _____ / _____

