

Learn to Synchro w/ Philly Spirit

for skaters passed basic 4

Sundays 3:15-4:15pm

8 weeks: October 21, 28 November 4, 11, 18

December 2, 9, 16

Cost: \$190 per skater

REGISTRATION (Please Print)

Skater's NAME: _____ SKATING LEVEL: _____ AGE: _____ DOB: _____

Additional skater: _____ SKATING LEVEL: _____ AGE: _____ DOB: _____

ADDRESS: _____

EMAIL: _____ TELEPHONE #: _____

PAYMENT INFORMATION: Amount: \$ _____ Date Paid: _____ Check#: _____

Visa/MC/Discover #: _____ Exp. Date _____ SEC Code*: _____
*(3 Digit # on reverse side of card)

Name on Card: _____ Amount: \$ _____

Address/Phone# of Cardholder
(if different from above): _____

Signature: _____

RELEASE: In consideration of the participant being permitted to register and participate in ice skating at The Philadelphia Skating Club & Humane Society, we do hereby forever release and discharge its Directors, Agents, Employees and any person or corporation connected herewith from all manner of action, injury, damages, costs, claims or demands which we will, shall, or may hereafter have suffer or receive by reason of each participant in any program at The Philadelphia Skating Club & Humane Society release shall be binding on our heirs, assigns, executors and administrators. It is further agreed that The Philadelphia Skating Club & Humane Society shall not be considered to guarantee or warrant such equipment as may be used in the conducting of said ice skating program. I also hereby agree to permit the video recording and/or photography of this activity for purposes of program advertisement by PSCHS and the Twp. of Lower Merion.

Parent / Guardian Signature: _____ Date _____