



Smithfield Figure Skating Club

Smithfield Municipal Ice Rink

Learn to Skate Program

Skater Registration Form

Skater's Name: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Cell Phone: _____

Date of Birth: ___/___/___ Age: _____ Email: _____@_____._____

Highest Badge Passed: _____ New Registration? Yes / No

Session your child joined our program: [please circle] *Fall Winter Spring Summer* Year _____

How did you hear about our program? *Internet NewspaperAd School Flyer Friend Other* _____

Did a skater currently enrolled in the program refer you? _____ If yes, who? _____

Your signature below indicates that you have read, understand & agree with all of the following:

The Smithfield Figure Skating Club (SFSC) is not responsible for children left unattended during the Learn-to-Skate Program. We assume no responsibility for injuries sustained by any skater while on the ice, in the building, or on the premises.

Under no circumstances will cash refunds be given. In extraordinary circumstances, a credit may be issued. Requests for credit must be submitted in writing to the Smithfield Figure Skating Club Board of Governors.

The Smithfield Figure Skating Club is not responsible for skating days lost (e.g. the rink closing due to inclement weather, mechanical breakdown, or other acts of nature).

Changes in the schedule due to hockey tournaments, competitions, holidays, etc. will be announced during the LTS sessions throughout the year. Please check the club bulletin board and our website: www.smithfieldfsc.org

*I give permission for all photographs, videos, and other forms of media identifying and portraying program participants, including myself and my child, to be used by SFSC for promotional purposes.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PRINT PARENT/GUARDIAN NAME _____

***If submitting application by mail, send all (4) registration forms & fee (check payable to SFSC) to:
Dianne LaMontagne, 18 Sharon Street, Providence, RI 02908***