



EL PASO FIGURE SKATING CLUB  
HOME SCHOOL  
REGISTRATION FORM

<b>Paid</b>
Date: _____
Amount: _____
Type: Cash or Check

Skaters Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade level: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alt Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I acknowledge the information on the registration form is accurate and current. I am responsible for providing any changes.

Please initial each statement and sign the bellow

\_\_\_\_\_ I understand El Paso Figure Skating Club (EPFSC) is not responsible for any accidents or injuries that may occur on the premises.

\_\_\_\_\_ I understand photographs and videos may be taken of the skaters from time to time during classes, recitals, programs, competitions, etc.

\_\_\_\_\_ I agree that all fees will be current.

\_\_\_\_\_ If my child skates on any EPFSC Freestyle session they must abide to the same rules as EPFSC club skaters

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Skater Signature: \_\_\_\_\_