

Koepfel Community Sports Center

BANTAM SKATING SCHOOL REGISTRATION FORM



BANTAM SKATING SCHOOL FALL 2007 AND WINTER/SPRING 2008

FAX COMPLETED FORM TO: (860)-987-6245

BANTAM SKATING CLUB

CLASS: _____ **SESSION:** _____ **DAY:** _____ **TIME:** _____

Student's Name: _____ Age: _____ Birthdate: _____
(please print)

Name of Legal Guardian: _____ Relationship: _____
(If student under 18) (please print)

Address: _____ Apt: _____ City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (W): _____ Cell: _____

E-mail: _____

Are you new to USFS Basic Skills? YES NO

(If answered, "YES," you must register with USFS Basic Skills by filling out membership form and enclosing \$7.50.)

Have you registered with USFS Basic Skills Since September 1, 2007?: YES NO

(If answered, "NO," you must re-new USFS Basic Skills Membership by filling out membership form and enclosing \$7.50.)

Previous or current USFS Basic Skills membership number: _____

PAYMENT ENCLOSED FOR:

Group Lesson Class Price \$ _____
Skate Rental Fee, if applicable \$ _____
USFS Membership, if applicable \$ _____
(Membership period 9/1/07-8/31/08)
TOTAL ENCLOSED: \$ _____

PAYING BY:

- **Cash/Check:** Make payable to Trinity College
- **VISA/MASTERCARD** (If mailing application, fill out below)

Card # _____ Exp Date _____

PLEASE SIGN PERMISSION TO PARTICIPATE

I do hereby give permission for my child (myself if over 18) to participate in Trinity College's Bantam Skating School. I waive all claim, liability, loss, cost, damage, and personal injury which may occur while my child is (I am) enrolled in this program.

_____ / _____

U.S. Figure Skating Basic Skills Program

Presented by **Marshalls**

Membership Registration

Please Choose One:

Skater/Participant **Instructor/Skating Director** **September 1 - August 31**

PROGRAM#: _____ **PROGRAM#:** _____

FORM MUST BE COMPLETE
NOTE: Only one person per form

NAME:	FIRST	MI	LAST
ADDRESS:			
CITY:	STATE:	ZIP:	±4
TELEPHONE: HOME:	PREVIOUS MEMBERSHIP #:		
DATE OF BIRTH:	MO	DAY	YE
GENDER:	M	or	F

INSTRUCTOR/SKATING DIRECTOR ONLY:

ARE YOU A PSA MEMBER? Y or N

E-MAIL: _____

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