



SafeSport Certified

**2024 Winter Season**

<b>Primary Contact</b>		<b>Secondary Contact</b>	
<b>Mailing Addresses</b>		<b>Mailing Address</b>	
<b>City/State/Zip</b>		<b>City/State/Zip</b>	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Home Phone</b>	<b>Cell Phone</b>
<b>E-Mail</b>		<b>E-Mail</b>	

**Winter 8-week session -**  
**Years with CFSC:**  
**1st-2nd \$65 for 8 week session**  
**3rd and 4th-\$85 for 8 week session + \$200 Family Fee, 20 hrs work assessment**  
**5+ \$250 for the season + \$200 Family Fee, 20 volunteer hours**

SKATER'S NAME (FIRST, M.I., LAST) Nickname?	DATE OF BIRTH	GENDER	FEE

Skating level: None \_\_\_\_\_, Recreational \_\_\_\_\_, Snow Plow Sam \_\_\_\_\_  
 Passed: Basic 1 \_\_\_\_\_, Basic 2 \_\_\_\_\_, Basic 3 \_\_\_\_\_, Basic 4 \_\_\_\_\_, Basic 5 \_\_\_\_\_  
 Email form or questions to: [chippewafigureskatingclub@gmail.com](mailto:chippewafigureskatingclub@gmail.com)  
 Chippewa Area Ice Arena: 839 1st Chippewa Falls, physical address - **Please DO NOT mail registration paperwork to this address.**  
 CFSC is affiliated with CYHA which is a volunteer run organization.

**PARENTS/GUARDIANS:** Please read and sign the following statements:  
 I give permission to use my email and mailing address as provided under parent information by CFSC.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 The skater(s) named on this form has my permission to participate in the activities of CFSC. I agree to pay and abide by the policies. If I fail to do so, the skater(s) will not be able to participate.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 I give my permission to post photographs and the first name of the skater(s) on CFSC website or facebook page.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Refunds will be determined by the CFSC Board on a case-by-case basis.*