



SafeSport Certified

**2023 Spring Learn to Skate**

<b>Primary Contact</b>		<b>Secondary Contact</b>	
<b>Mailing Address</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>	
<p><b>6 week session - Cost \$20 Register by April 16, 2023</b>  <b>The following Sundays from 3pm-4pm</b>  <b>4/30, 5/7, 5/21, 6/4, 6/11, and 6/25</b></p>			

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  
 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 e-mail 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 first name of skater(s) on CFSC website or facebook page.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Refunds will be determined by the CFSC Board on a case-by-case basis.*