



Flint Iceland Arenas

**Learn To Skate Registration Fall 2019 (for membership July 1, 2019 – June 30, 2020)**

Annual Fee - \$18 if skater has not been a member of Flint Iceland Learn To Skate since 7/1/2019

**Skater Information/Please Write Clearly**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Can phone receive texts?: \_\_\_\_\_ LTS or Hockey? (Hockey must be Basic 3 or upa \_\_\_\_\_ Level if known \_\_\_\_\_

Are you signing up for Wednesdays, Saturdays, or both days? \_\_\_\_\_

Date of Birth/Age of Skater: \_\_\_\_\_

Is this a renewal? YES  NO  Gender? M  F

Has skater been in Flint Iceland LTS anytime since July 2019? YES  NO  If yes, when? \_\_\_\_\_

Any medical conditions/allergies? YES  NO  If yes, please explain \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Parents can join their skater on the ice during free time by paying the annual \$18 fee, renewable every July 1<sup>st</sup>. Please add \$17 to skater's payment and include the following information. Will you be joining your skater during free time?

YES  NO  If yes, parent DOB: \_\_\_\_\_

**Please Sign Concussion Information On Back**

## CONCUSSION AWARENESS

### EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by ICEFSC / FLINT ICELAND ARENAS

- Sponsoring Organization

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

**PARENTS AND SKATER MUST SIGN THIS FORM!!!**  
**PLEASE KEEP THE INFORMATIONAL PAGE FOR YOUR REFERENCE**  
**RETURNED THE ACKNOWLEDGEMENT FORM WITH YOUR MEMBERSHIP**

#### Photo Release Form For Minors

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_  
grant consent to Flint Iceland Arenas, Iceland Competitive Edge FSC, and Flint Iceland Learn To Skate Classes for use of photographs and/or video including, but not limited to social media and web content, publicity, illustration and advertising.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand there will be no payment for use of images. I can revoke my authorization at any time in writing. Doing so will not affect actions taken prior to receipt of written notification.

By checking here \_\_\_\_\_ I am choosing to opt out.