



Flint Iceland Arenas

Learn To Skate Spring 2020 Registration (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 up) _____ 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 1st. 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

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

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.