

Albert Lea Figure Skating Club
P.O. Box 368, Albert Lea, MN 56007

Out of Town Non-Member Registration/Contract/Waiver

Name: _____
Birthdate: _____ Phone: _____
Address: _____
City, State, Zip _____ USFSA#: _____
Parents _____
Coach _____
Test Level (highest level passed) _____

Total Number of 45 minute Sessions _____
Contracted for @ \$15.00/45minutes \$ _____
If not a current USFSA member \$40.00 \$ _____
TOTAL \$ _____

****Please list dates and times represented by this contract on the reverse side of the form**

In consideration of acceptance of me or my child by the Albert Lea Figure Skating club to participate in its figure skating program, I hereby waive all claims against the Albert Lea Figure Skating Club, its employees and agents, and release the Albert Lea Figure Skating Club, its employees and agents, from all claims or all injuries suffered by me or my child incidental to, connected with, or arising out of the recreational activities for which I am or my child is enrolled, including injuries suffered as the result of negligence of the Albert Lea Figure Skating Club, its employees or agents but not including injuries suffered of their willful or intentional misconduct or gross negligence.

I give my approval for myself or my child's participation in the Albert Lea Figure Skating Club's activities during the current session. I understand that the program, for which I have given permission, may be hazardous and that injuries may occur in the normal course of participation of instruction and I assume all risks and hazards incidental to and from the activities.

Signature

Date

Relationship to skater