## 2024 PreSeason Skating Camp Registration

Skater's Name		Date of Bir	rth Level
Address		City	Zip
Parents name		Email	Phone
ISI or USFS #	Home Rink	Private Lesson Coach(if applicable)	
Emergency Contac		Relationship	Phone
Aug 12-16 (\$500)	Aug 19-23 (\$500	O)Amount enclos	sed
Yes, my skater	would like private	e lessons # of less	ons per session
T-shirt size (please circl	e) exs cs cm cl c	exl as am al	
Does your child have an	y allergies?		
Please list			
Waiver and Release Please read this form carefully and be a be expressly assuming the risk and liab might sustain as a result of participating acknowledge that there are certain risks of any and all injuries, damages or loss further agree to waive and relinquish al against Pre Season Skating, including it Season Skating from any and all claims minor child/ward and arising out of, co above important information, warning operiodically taken of participants in this Skating and the Winnetka Park District further permission and without any con District.	ility and waiving and releasing in any and all activities assoce of physical injury to participa, regardless of severity, that m I claims my minor child/ward to official agents, volunteers a for injuries, damages or loss nnected with, or in any way as of risk, assumption of risk and a camp. Please be aware that, I to use these photos and video	g all claims for injuries, damages or lo ciated with and connected with said pration in this program, and I voluntarily y minor child/ward may have, as a res I may have as a result in participation in demployees. I hereby fully release at that my minor child/ward may have or issociated with this program. I have rea waiver and release of all claims. Photory signing this waiver and release you footage for advertising and promotion	ss your minor child/ward ogram. I recognize and agree to assume full risk ult of said participation. I in this program/activities and forever discharge Prewhich may accrue to my d and fully understand the os and video footage are are authorizing Pre Season of programs without you
Parent Signature		Date	