

## Wisconsin Rapids Figure Skating Club Learn-to-Skate Registration

\* Special Requests:

\* May or may not be honored.

Teddy Bear _____	Basic 1 _____	Basic 2 _____	
	Basic 3 _____	Freestyle 1 _____	
Snowplow Sam 1 _____	Basic 4 _____	Freestyle 2 _____	Dance 1 _____
Snowplow Sam 2 _____	Basic 5 _____	Freestyle 3 _____	Dance 2 _____
Snowplow Sam 3 _____	Basic 6 _____	Freestyle 4 _____	Dance 3 _____
*Hockey _____	Basic 7 _____	Freestyle 5 _____	
(*Fall/Winter only)	Basic 8 _____	Freestyle 6 _____	Adult _____

**There will be no refunds without a Doctor's excuse.  
LTS will be held regardless of weather conditions.**

First time in class \_\_\_\_\_  
Taking this class again \_\_\_\_\_

**Please Print:**

Male/Female \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Insurance Company \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Paid by: Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_

Can we notify you by  
EMAIL ONLY?  
**YES or NO**  
(If Yes, allow  
jweron@wctc.net.)

Fee: \$50.00 for 8 - 30 minute lessons for first skater;  
\$45.00 for 8 - 30 minute lessons for any additional skaters

Make Checks payable to **WRFSC**. There WILL be a \$10.00 charge for NSF.

As the parent or legal guardian of \_\_\_\_\_, I authorize his/her participation in WRFSC lessons and agree to accept full responsibility for all fees incurred by them. We further authorize the officers and instructors of WRFSC to exercise their judgment in obtaining medical care by certified personnel in the event of an acute illness or injury necessitating such care. We agree to pay all expenses for such illness or injury. We recognize that the Wisconsin Rapids Figure Club and the South Wood County Recreation Center along with their respective officers and employees assume no responsibility for accidents on or off the ice or loss of personal property.

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

I give my permission to post photographs and name of skater provided above on the WRFSC web site.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**Mail to:** Wendy Eron; 3121 North Avenue; Wisconsin Rapids, WI 54495  
**A postcard/ email will be sent to inform you of your skater's lesson time.**