

**Wisconsin Rapids Figure Skating Club
2010-2011 Contract Year**

Skater's Name: _____

Parents: Please read and sign the following statements indicating your approval!

1. I give permission to use my email addresses, provided under Parent Information, to WRFSC members only.

Parent Signature

Date

2. The skater named on this form has my permission to participate in the activities of WRFSC. I agree to pay the fees and abide by the policies established by the Board of Directors. If I fail to do so, the skater will not be allowed to participate.

Parent Signature

Date

3. I give permission to use my mailing addresses provided under Parent information, for WRFSC mailings only.

Parent Signature

Date

4. I give permission to post photographs and first name of skater provided above on the WRFSC website.

Parent Signature

Date

**Wisconsin Rapids Figure Skating club
Maintenance Hour Contract**

I agree to work a minimum of ten maintenance hours per family at the South Wood County Recreation Center from April 1, 2010- March 31, 2011. These hours will apply to the 2010-2011 maintenance year.

A charge of \$10.00 per hour will be billed at the end of the skating year for all maintenance hours not completed. I understand that my skater(s) will not be allowed to skate the next session until any unpaid balance for maintenance fees are paid in full.

Skater's Name: _____ Parent's Signature: _____

Date: _____