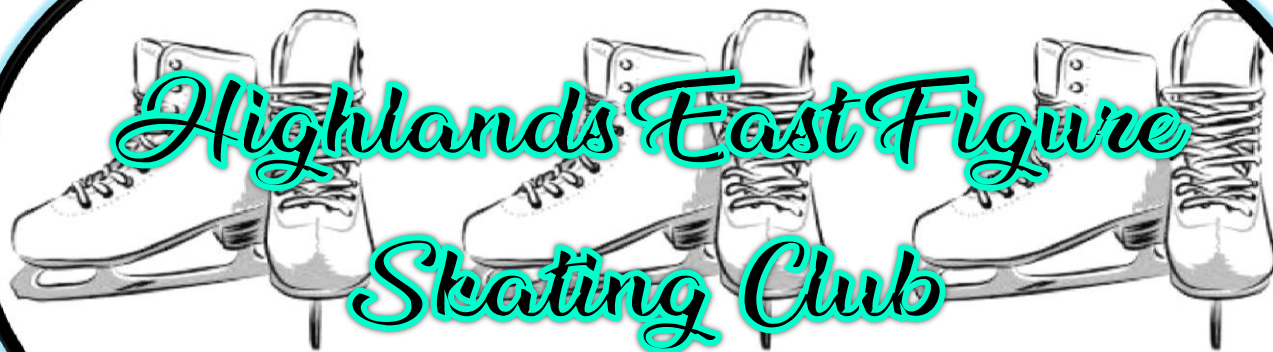


Let's  
Go  
Skating



## 2019/2020 SEASON REGISTRATION

*"Many Hands make LIGHT WORK"  
- JOHN HEYWOOD*

PLEASE LET US KNOW IF YOU ARE WILLING TO HELP OUT THE CLUB IN ANY OF THE FOLLOWING (CHECK ALL THAT APPLY):

- FUNDRAISING (CHOCOLATE SALES/DISTRIBUTION) (  )
- FUNDRAISING (PIZZA SALES/DISTRIBUTION) (  )
- DOWNLOADING MUSIC FOR ROUTINES/PRACTICE (  )
- ICE SHOW TECHNICAL ASSISTANCE (SOUND/LIGHT) (  )
- ICE SHOW DECORATIONS (PREPARATION & ASSEMBLY) (  )
- ICE SHOW SET UP/TAKE DOWN (  )
- ICE SHOW (LADDER WORK) (  )
- ICE SHOW HAIR/MAKEUP (  )
- ICE SHOW COORDINATION (LINEUP/CURTAIN CALL) (  )
- ICE SHOW (DRESSING ROOM/COSTUME ASSISTANCE) (  )
- ICE SHOW TICKET SALES (50/50 & PENNY RAFFLE) (  )
- ICE SHOW FLOWER SALES (  )
- ICE SHOW HOSTESS/GREETER (PROGRAM DISTRIBUTION) (  )
- ICE SHOW PHOTOGRAPHY (  )

**NAME OF SKATER(S):**

- 1.
- 2.
- 3.
- 4.

**HEALTH CARD NUMBERS:**

**PARENT/GUARDIAN:**

**PHONE:**  
**EMAIL:**  
**MAILING ADDRESS:**  
**TOWN:**  
**POSTAL CODE:**

**EMERGENCY CONTACT NAME:**  
**PHONE:**

**PLEASE NOTE:** The emergency contact is requested as a precaution only. The Highlands East Figure Skating Club asks that the parents and caregivers remain at the arena for the entire duration of their child/skaters lessons and /or practices. The club is not responsible for, or capable of, looking after skaters who have left the ice for any reason. Although injuries are not a common occurrence, accidents do happen; please remain on site so that you are present in the event of an emergency.

I HAVE READ, UNDERSTOOD AND AGREE TO FOLLOW THE HIGHLSANDS EAST FIGURE SKATING CLUB'S RULES & CODE OF CONDUCT.

I HEREBY RELEASE THE MUNICIPALITY OF HIGHLANDS EAST, THE HIGHLANDS EAST FIGURE SKATING CLUB AND THE KEITH TALLMAN MEMORIAL ARENA AND/OR ANY PERSON, DIRECTOR OR OFFICER OR STAFF MEMBER WORKING ON THEIR BEHALF: FROM ANY AND ALL LIABILITY FOR ANY ACCIDENT, OCCURRENCE OR INJURY THAT MAY BE INCURRED WHILE MYSELF, MY CHILD AND/OR ANY OTHER FAMILY MEMBER OF MINE WHILE PARTICIPATING IN THE HIGHLANDS EAST RECREATIONAL SKATING PROGRAM.

PAID \_\_\_\_\_ RECEIPT \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE