

Clavet Skating Club



OPEN HOUSE

**** All fields must be filled out in order to come on the ice****

****Please fill out form and email it back to club at info@clavetskatingclub.com****

PLEASE PRINT

Information of Skater:

FIRST NAME: _____ LAST NAME: _____

DATE of BIRTH: _____ (must be at least 3 years of age)

GENDER: M/F

Medical Concerns (ie: Allergies/Asthma): _____

Parent Information:

PARENT(S) NAME: _____

EMAIL ADDRESS: _____

PARENT SIGNATURE: _____

****ALL SKATERS MUST WEAR CSA APPROVED HELMETS****

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By signing form you release the Clavet Skating Club from all liability relating to injuries that may occur during activity, and agree to hold the Clavet Skating Club entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

MEDIA RELEASE

From time to time, the Clavet Skating Club posts names and pictures of club skaters on the arena bulletin board, Website, Facebook and club promotional material.

I hereby authorize the use of my child's name and picture and limit their use for the Clavet Skating Club associated activities only.

Signature (by parent if under 18 years of age)