## Kids On Ice® Learn to Skate USA Program

Classes each Saturday

# January 5-February 23, 2019



\*Please see fee schedule on next page.\*

### WINTER 2019 RETURNING Students from Fall 2018

**DEADLINE: Dec. 8, 2018** 

- Form must be completed in its entirety with signature to be accepted. Please print clearly!
- Returning students from Fall 2018 who met the attendance requirement <u>and</u> register by the Dec. 8 are guaranteed a spot.
- ♦ Students from earlier sessions (before Fall 2018) should use the NEW STUDENT form.
- Class assignments will be announced by e-mail in late December. If you have not received a class assignment by Dec. 31 it is **YOUR** responsibility to call us for the information.
- Maximum three excused absences to remain eligible for class.
- ♦ Please complete separate Scholarship Application if requesting financial assistance.
- Each skater *must* have a separate form.

Child's Full Name:									
MUST BE AGE 5 BY START OF CLASS	DOB:		Grade (2018-19):				Gender: M F		F
Parent(s)/Guardian(s):									
Address:									
City:			State:			Zip:		Ward (D	C):
E-mail(s) *REQUIRED*:									
Home Phone: Work Phone:						Cell Phone:			
Emergency Contact Person:			Rel	Relation to child:					
Emergency Contact #:									
Does your child have any ser	ous hea	Ith concerns that	coul	d affec	t his/her	ability to	skate?	Yes	No
If yes, please explain:									
Please rank your preference	of class	time 1-4. Note:	we <u>ca</u>	nnot d	guarante	<u>e</u> a specific	c class ti	me.	
10:40am-11:05am	11:10	Dam-11:35am	1:	1:50am	n-12:15pr	n1	L2:20pm-	-12:45pm	
Class Level you attended dur	ing Fall 2	2018 Session:							
Pre-Free Skate (passed Basic	6) and ab	oove please comple	ete KO	I® PLUS	S Advance	ed Figure Sk	ating Re	gistration I	Form.
Is a sibling also registering fo	r Learn t	o Skate classes?	No	Yes	Name:	SIBL	INGS MUST HA	VE SEPARATE FORM	ЛS
Has child taken lessons befor	e at ano	other rink? No	Yes	Leve	el:	Rink	:		
Parent(s) Place(s) of Employr	nent:	_	•	•		_		_	
Child's School:									

### **Waiver of Liability**

I certify that I am the person named below or the authorized parent or guardian of the child named below. I hereby agree to waive liability and hereby release any and all claims against Friends of Fort Dupont Ice Arena, its officers, employees and agents for injuries and damages of any nature whatsoever suffered by myself (and/or my child 18 years old or under, on whose behalf I am signing). During programs at the Facility or while at the Facility for any reason, whether on or off the ice surface and no matter whether arising in tort, contract or otherwise. If Friends of Fort Dupont Ice Arena is found liable for injuries or damages, I agree that my sole and exclusive remedy will be against Friends of Fort Dupont Ice Arena and not against any individual, regardless of fault. I acknowledge that ice skating and other physical activities at the Facility involve risk of serious bodily injury. I fully accept and assume all risks and all responsibility for all losses and damages incurred as a result of my participation and for my child's participation in these activities. I have read the Rules of the Friends of Fort Dupont Ice Arena (posted next to the Skate Shop) and will abide by them. I have explained the Rules to my child, and will cause my child to abide by them. I agree that the staff of the Friends of Fort Dupont Ice Arena may require withdrawal from any session of any skater who violates the Rules.

### Photo release

I hereby authorize Friends of Fort Dupont Ice Arena to take and keep or publish photographs, digital images or other images (including, but not limited to video) of me or my child, and our names, for use in Friends of Fort Dupont Ice Arena's printed publications and web sites. I acknowledge that because my participation is voluntary, I will receive no financial compensation from the taking, publication, use or retention of the photographs or images, no matter in what form. I further agree that my participation in any publication or web site produced by Friends of Fort Dupont Ice Arena confers upon me no rights of ownership whatsoever, nor any rights in copyright, publicity, privacy or otherwise. I release Friends of Fort Dupont Ice Arena and its employees, officers and directors from any liability for any claims by me or any third party in connection with my participation.

nt Parent/Legal Guardian's Name		Parent/	/Legal Guardia	an's Signatu	ire Date	Date Signed	
We are often ask	ked by our funders	for the follo	wing inform	ation. Ple	ase answer to t	he best of your ability	
1. Please describe ye	our child's racial/ethi						
☐ Native American	or Alaskan Native	☐ Asian		☐ Black or	African American	n ☐ Hispanic or Latino	
☐ Native Hawaiian/	/Pacific Islander	☐ South A	Asian	□ White		□ Other	
2. Number of people	e living in household:		_				
3. Average househo	ld income : (Select Be	:low)					
□ \$0 - \$19,999	□ \$20,000	- \$39,999	□ \$40,000	- \$59,999	□ \$60,000 - \$79	),999	
□ \$80,000 - \$99,999	9 □\$100K - \$	119K	□ \$120K - \$	\$149K	□ \$150,000+		
	financial assistan registered sibling ne:	g payment i	_	with this		hip form is attached	
Check here if	registered sibling	g payment i	is included v	with this	form.	:	
Check here if First Skater Nan Sibling name	registered sibling me: ::	g payment i	is included v	with this	form. Amount Paid Amount Paid	: :	
Check here if First Skater Nan	registered sibling me: ::	g payment i	is included v	with this	form. Amount Paid Amount Paid Amount Paid	: :	
Check here if First Skater Nan Sibling name Sibling name	registered sibling ne:	g payment i	is included v	with this	form. Amount Paid Amount Paid Amount Paid TOTAL P	: : : raid:	
Check here if First Skater Nan Sibling name Sibling name	registered sibling me: ::	g payment i	is included v	with this	form.  Amount Paid  Amount Paid  Amount Paid  TOTAL P	:	
Check here if First Skater Nan Sibling name Sibling name	registered sibling ne:	g payment i	Form of Pa	with this to the second	form.  Amount Paid  Amount Paid  Amount Paid  TOTAL P	:	
Check here if First Skater Nan Sibling name Sibling name	registered sibling ne: :: :: ate Program I	g payment i	Form of Pa Name On C	with this to	form.  Amount Paid  Amount Paid  Amount Paid  TOTAL P	:	
Check here if First Skater Nan Sibling name Sibling name Learn to Ska	registered sibling ne:  ::  ate Program I	Fees	Form of Pa Name On C Address: City, State, Card Type/	with this to a symmetric support to the control of	form.  Amount Paid  Amount Paid  Amount Paid  TOTAL P	:	

Please mail or bring back this form to Friends of Fort Dupont Ice Arena at 3779 Ely Place, SE, Washington, DC 20019.

<sup>\*</sup>Child sponsorships are tax-deductible to the fullest extent of the law.