



Kids On Ice® Learn to Skate USA Program

Classes each Saturday

September 11-October 30, 2021



FALL 2021
NEW
Students

Please see fee schedule on next page.

- ◆ **Program is currently on WAIT LIST status.** Skaters will be notified in early September regarding admission to the program.
- ◆ Form must be completed **in its entirety with signature** to be accepted. Please print clearly!
- ◆ **Maximum three excused absences to remain eligible for class.**
- ◆ Everyone entering the building is subject to temperature check and health screening.
- ◆ Everyone must wear a mask at all times while inside the building, including while on the ice. Anyone who cannot wear a mask or who refuses to wear a mask must leave the facility.
- ◆ Please complete separate Scholarship Application if requesting financial assistance.
- ◆ Each student **must** have a separate form.

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Child's First Name:		Child's Last Name:	
Age: <small>MUST BE AGE 5 BY START OF CLASS</small>	DOB:	Grade (2021-22):	Gender: M F
Parent(s)/Guardian(s):			
Address:			
City:	State:	Zip:	Ward (DC):
E-mail(s) *REQUIRED* :			
Home Phone:	Work Phone:	Cell Phone:	
Emergency Contact Person:		Relation to child:	
Emergency Contact #:			
Does your child have any serious health concerns that could affect his/her ability to skate? Yes No			
If yes, please explain:			
Please rank your preference of class time 1-4. Note: we <u>cannot guarantee</u> a specific class time. ____ 10:40a-11:05a ____ 11:10a-11:35a ____ 11:50a--12:15p ____ 12:20p-12:45p <i>Pre-Free Skate (passed Basic 6) and above please see KOI® PLUS Advanced Figure Skating Registration Form.</i>			
Is a sibling also registering for Learn to Skate classes? No Yes Name: <small>*SIBLINGS MUST HAVE SEPARATE FORMS*</small>			
Has child taken lessons before at Fort Dupont or another rink? No Yes Level: Rink:			
Parent(s) Place(s) of Employment:			
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.

Print Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature

Date Signed

IMPORTANT: We are often asked by our funders for the following information. Please answer to the best of your ability.

1. Please describe your child's racial/ethnic background. Select one or more of the following:			
<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> South Asian	<input type="checkbox"/> White	<input type="checkbox"/> Other

2. I confirm my household income is:			
<input type="checkbox"/> \$0 - \$19,999	<input type="checkbox"/> \$20,000 - \$39,999	<input type="checkbox"/> \$40,000 - \$59,999	<input type="checkbox"/> \$60,000 - \$79,999
<input type="checkbox"/> \$80,000 - \$99,999	<input type="checkbox"/> \$100K - \$119K	<input type="checkbox"/> \$120K - \$140K	<input type="checkbox"/> \$150K+

3. Number of persons living in household (circle one):	2	3	4	5	6	7	8	9+
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KIDS ON ICE ® PAYMENT FORM

Check here if financial assistance is requested. **Completed scholarship form is attached.**

First Skater Name: _____ Amount Owed: _____

Sibling name: _____ Amount Owed: _____

Sibling name: _____ Amount Owed: _____

TOTAL Owed: _____

Learn to Skate Program Fees	
\$60	First skater
\$15	Sibling
\$5	Ea. additional sibling
\$60	Sponsor a child*

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*FFDIA is a 501(c)(3) not-for-profit organization; your sponsorship is tax-deductible. Please consult your tax adviser.

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

Forms may also be e-mailed to programming@fdia.org