

**Palouse Hills Basic Skills Program Skating Lessons!**  
**January 2107 Registration**

Welcome! This year's first Learn-to-Skate session begins on January 14. Classes are on Saturdays with levels for complete beginners to advanced skaters up to spins and single jumps for ages 5 to adults. Classes will be sorted by age and ability with class starting time at 12:00 or 12:30 pm depending on experience. Please arrive at least 20 minutes early to allow time for getting into skates. Sessions are \$78 for five Saturdays and include skate rental. Please complete form, sign and submit to the rink – VISA/MasterCard/cash accepted or make checks payable to: Palouse Hills Skating Club.

Applicant

\_\_\_\_\_  
First Name                      M.I.      Last Name                                      BIRTH Month              Day              Year

\_\_\_\_\_  
Street Address                                                                                      City                                      State                                      Zip

\_\_\_\_\_  
Name of Parent or Responsible Party (please circle which)                                      @                                      Email

\_\_\_\_\_  
Home phone                                                                                      Cell phone                                                                                      Skater's Gender

Skills Assessment (Please check all that apply)

Never Skated\_\_\_\_ Skate Forwards\_\_\_\_ Skate Backwards\_\_\_\_ Crossovers\_\_\_\_ Glide on One Foot\_\_\_\_  
Two Foot Spins\_\_\_\_ Learning for Fun/Fitness\_\_\_\_ Learning for Hockey\_\_\_\_  
Basic Skills Level (if known): \_\_\_\_\_ Freestyle Level (if known): \_\_\_\_\_

Emergency Information We need emergency information and any instructions you feel are pertinent for you or your child to receive the best emergency/special care should the need arise. The information on this form will be available to the Palouse Hills Basic Skills Program and the U.S. Figure Skating Basic Skills program for official use only. For your safety and comfort, we strongly recommend bringing extra wool or synthetic socks and **gloves/mittens** and a **bicycle, hockey or ski helmet** – the rink has a limited supply of helmets if you do not have one.

\_\_\_\_\_  
Emergency Contact Person                                      Emergency Phone                                      Medical Insurance Company Number

\_\_\_\_\_  
Physician's Name and phone

\_\_\_\_\_  
Please note any special needs/medications we may need to know

**Medical Consent and Release of Liability**

This is to certify that on this day \_\_\_\_ of \_\_\_\_\_ 201\_\_, I \_\_\_\_\_, give my consent to the Palouse Hills Basic Skills Program, the Palouse Ice Rink Association, the Rotary Veterans Memorial Pavilion, and the Palouse Hills Skating Club and its representatives to obtain medical care for skater named above from any licensed medical personnel, should an injury occur while participating in this skating activity. By signing below, I hereby release and discharge the Palouse Hills Basic Skills Program, the Palouse Ice Rink Association, the Rotary Veterans Memorial Pavilion, the Palouse Hills Skating Club, and its representatives from any and all claims for personal injuries.

Signature\_\_\_\_\_