JUNIOR PREP REGISTRATION FORM
SKY RINK AT CHELSEA PIERS

SEASON: ❑ Fall ❑ Winter ❑ Spring
❑ NEW STUDENT ❑ RE-ENROLL

Skater's First Name _____ Last Name _____

Skater's Birthday _____/ ____/_____ Age _____ ❑ Female ❑ Male Years Skating _____

Home Address _____ ISI Test Level _____

_____ USFS Test Level _____

E-mail _____ Home Phone _____ Work Phone _____

Mother's Name _____ Day Phone _____ E-mail _____

Father's Name _____ Day Phone _____ E-mail _____

Coach's Name _____ Coach's Number _____

MAKE-UP POLICY

There are no make-ups on Junior Prep unless authorized by Figure Skating Director based on session availability. Unused sessions may not be rolled over into the next season or applied to any other Sky Rink programing.

PAYMENT METHOD ❑ Amex ❑ Discover ❑ MasterCard ❑ Visa ❑ Cash

Credit Card Number | | | | | | | | | | | | | | | |

Expiration Date | | / | |

Capital One OFFICIAL CARD

I authorize Sky Rink to charge the above credit card for the amount due for the selected series.

Name (as it appears on card): Print _____ Signature _____

PERSONAL CHECKS WILL NOT BE ACCEPTED. THERE WILL BE NO REFUNDS.

WAIVER AND RELEASE

Acknowledging that participation in athletics carries with it a risk of physical injury, I agree that Chelsea Piers L.P., its agents and employees shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my or my child's participation in any and all Sky Rink at Chelsea Piers programming at any time preceding, during or after program is in session and I hereby discharge Chelsea Piers L.P., its agents and employees from all actions, claims, and demands I or my child may have for any such injury or damage. I authorize that Chelsea Piers L.P. has the right to use all photographs or videos taken of myself or my child during programming for advertising or promotional material.

Signature _____ Date _____

SKY RINK AT CHELSEA PIERS
Chelsea Piers - Pier 61• 23rd St. & the Hudson River • New York, NY 10011 • 212.336.6100 • FAX. 212.336.6130

FOR OFFICIAL USE ONLY

DATE CHARGED: _____ AMOUNT CHARGED: _____ RECEIPT # _____ CASHIER: _____

DAY(S): _____ START DATE: _____ INPUT DATE: _____ INITIALS: _____