



REGISTRATION FORM

Skater's Name: _____

Skater's Age: _____

Skater's Level: _____

Skater's Gender: M or F _____

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City, State Zip Code _____

Emergency Contact 1:

Name _____

Address _____

City, State Zip Code _____

Phone _____

Relationship to Skater _____

Emergency Contact 2:

Name _____

Address _____

City, State Zip Code _____

Phone _____

Relationship to Skater _____

Any Medical Problems _____

Any Known Allergies _____

Persons Authorized to Pick Up Your Skater

Name _____
Address _____
City State Zip Code _____
Phone _____
Relationship to Skater _____

Photo Release:

I agree that camp photos of my child may be used for EPFSC promotional purposes.

_____ Yes (initial)
_____ No (initial)

Parent Signature _____

Cost: \$300/skater

Please mail completed registration form and check to:

Eden Prairie Community Center
Attn: Eden Prairie Figure Skating Club
16700 Valley View Rd
Eden Prairie, MN 55346