

Glacial Garden Elite Summer Camp 2011: Skater's Information

Last Name	First Name	DOB	Age
Street Address/Unit #	City	State	Zip
Home Phone	Cell Phone	Wk Phone	Fax
Parent Name	Email		
USFS Test Level	Dance	Freestyle	Moves

CAMP FEES: Please choose one of the following 2 pricing options
 6 sessions / \$300.00 (\$30 savings)
OR
\$55 per Wednesday (please circle) 7/6 7/13 7/20 7/27 8/3 8/10
 \$55 x _____ /wks = \$ _____
\$15 Choreography per Wednesday (please circle) 7/6 7/13 7/20 7/27 8/3 8/10
 \$15 x _____ /wks = \$ _____

No changes, refunds, or credits after start of designated week(s) _____ (initial)
 Registration accepted on a first come, first serve basis.
 Applications received after the advertised camp date(s) will be accepted on a space availability basis.

Payment: Check, Visa, Mastercard, American Express Check # _____ Amount \$ _____

Credit card # _____ Expiration Date ____/____/____

_____/_____/_____

Signature required _____ Printed Name as appears on card _____

WAIVER AND RELEASE...

In consideration of being allowed to participate in any capacity in *Glacial Garden, Inc., Glacial Garden Skating Arena, LLC*, athletics/sports program and related events and activities, the undersigned: Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.

Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death and severe social and economic losses which might result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death.

Release, waive, discharge, and covenant not to sue *Glacial Garden, Inc., Glacial Garden Skating Arena, LLC*, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

I/We have read the above waiver and release, and understand that I/We give up substantial rights by signing it and sign it voluntarily.

Parent or Guardian (Signature/Relationship) _____ Date ____/____/____

Printed Name of Parent or Guardian: _____ Printed Name of Participant: _____