



JUNIOR SKATING REGISTRATION FORM Fall | Winter | Spring Please circle session

Skater Information :

Name of Skater _____ Sex _____ Birth date ___/___/___ Age _____

Address _____ City _____ State _____ Zip _____

USFSA # Phone _____ Email: _____

Special Health Needs/Special Requests _____

Emergency Contact _____

Relationship _____

Phone _____

Parent Information :

Parent / Guardian _____
(Last) (First)

Address: _____ Email*: _____ * We will send information via email
Please include current email

Home Phone _____ Other Phone(s) : _____

Please circle amount you are paying Y member rates apply to Skaneateles/ Auburn Y Members ONLY

- Junior Gold:** Y Member \$350 General Public: \$510 JGF19
- Junior Silver:** Y Member: \$260 General Public: \$420 JSF19
- Junior Bronze:** Y Member: \$170 General Public: \$330 JBF19
- Adult Gold:** Y Member: \$180 General Public: \$340 AGF19
- Adult Silver:** Y Members: \$130 General Public: \$290 ASF19
- Adult Bronze:** Y Members: \$80 General Public: \$240 ABF19
- Collegiate Gold :** Y Member \$270 General Public: \$430 CGF19
- Collegiate Silver:** Y Members: \$130 General Public: \$290 CSF19
- Collegiate Bronze:** Y Members \$80 General Public: \$240 CBF19

AGREEMENT

I understand that the YMCA-WEIU is guided by the values of honesty, caring, respect and responsibility and I agree to abide by the policies and rules established by the Board of Directors and staff, including the Members Code of Conduct. I also understand that I participate in YMCA and Skaneateles Figure Skating Club activities and use YMCA & SFSC facilities and equipment at my own risk. The Auburn (Skaneateles) YMCA does not carry individual accident insurance; if I become ill or injured from such use or participation, I must use my own insurance. I hereby certify that my I/My child is in normal health and capable of safe participation in this sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.

Signature – (parental signature for minor child)

Date