

"Spring Fling"

Registration Form

Please complete one form per skater and submit, with payment, to Barbara Rist. Your registration **must be received no later than May 4, 2013**. (Please note: registration may be closed prior to May 4th if all program slots are filled)

Accepted methods of submission:

Deliver in Person OR Mail to the following: Barbara Rist, 2754 Stratton Forest Heights, Colorado Springs, CO 80906

SKATER'S NAME(*required*): _____ USFS/ISI # _____
ADDRESS: _____
PHONE (*required*) #: _____ CELL #: _____
EMAIL (*required*): _____
CURRENT CLUB MEMBERSHIP / LTS PROGRAM ENROLLED: _____
COACH/CHOREOGRAPHER (*required*): _____

PROGRAM INFORMATION

Please complete the following for EACH program you are registering for. Specify "Artistic", "Dramatic", "Light Entertainment" or "Group" in the Category field:

Song Title: _____ Category: _____
Song Title: _____ Category: _____
Song Title: _____ Category: _____

Please Note: If you are registering for a "Group" number, please provide the names of the additional group skaters on the line below. This information will be used for the show program.

REGISTRATION FEE

Centennial SC Member [Full or Associate]	\$25 (per skater, first program)
Registered Sertich LTS Skater	\$25 (per skater, first program)
All Other Skaters	\$35 (per skater, first program)
Additional Programs, ALL Skaters	\$15 (per skater, per additional program)

Use this area to calculate the total fee due:

Centennial SC Member /LTS Skater Registration Fee.....	\$ 25.00
Additional Programs(add \$15.00 per program).....	\$ _____
Total.....	\$ _____

-OR-

All Other Skaters.....	\$ 35.00
Additional Programs(add \$15.00 per program).....	\$ _____
Total.....	\$ _____

Make check or Money Order payable to Centennial Skating Club

*****Once skater has registered for Spring Fling, there will be NO REFUNDS for cancellations*****

WAIVER

By initialing here _____, I give permission, in the event of publicity exposure on/in radio, television, CSC web-site, newspaper, and magazine, in subject to "Spring Fling" ONLY, for I, or my child, to be photographed, recorded, or heard. I am aware that ice skating poses danger and risks of injury. In consideration for the applicant's participation in the activities of Centennial Skating Club and Sertich Basic Skills LTS Group, I hereby release CSC and their officers, directors, members, contractors, and employees (Released Parties) from all claims, demands, losses and damages, and from any liability resulting from any injury incurred while participating in any CSC activities and programs whether or not caused by the negligence or other fault of the Released Parties. In the event that the Applicant is incapacitated while participating in these activities or programs, I hereby give CSC permission to seek necessary medical assistance for the Applicant.

Signature of Skater _____ Date _____ Signature of Parent/Guardian (if skater is under 18) _____ Date _____

Additional Information: Contact Barbara Rist, barbararist@comcast.net, (719) 578-2988