



City of White Plains Recreation & Parks
Ebersole Ice Rink
 Delfino Park, Lake Street



2011-2012 Advanced Skating & Clinic Registration Form

PLEASE PRINT CLEARLY IN BLOCK LETTERS

ONLY ONE STUDENT PER FORM

Student Last Name:		Student First Name:		MI:	Today's Date:
Date of Birth:		Age:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Name of School: *				Grade: *	
What was student's last ISI skating class level?				ISI Member Number:	
Parent or Guardian information					
Parent or Guardian Name:					
Address:			City, State, Zip:		
Home Phone:		Work Phone:		Cell Phone:	
Parent or Guardian EMAIL Address:				Instructor:	
Emergency Contact Name:			Home Phone:		Cell Phone:
					Amount
<input type="checkbox"/> Tuesday Advanced 3		Res. \$325 Non-Res. \$425			
<input type="checkbox"/> Friday / Sunday Advanced 1		Res. \$325 Non-Res. \$425			
<input type="checkbox"/> Friday / Sunday Advanced 2		Res. \$325 Non-Res. \$425			
<input type="checkbox"/> Fri. Adv 1 <input type="checkbox"/> Fri. Adv 2		Res. \$225 Non-Res. \$325			
<input type="checkbox"/> Sun. Adv1 <input type="checkbox"/> Sun. Adv2		Res. \$225 Non-Res. \$325			
* Required information for school age students.				Total Amount Enclosed:	

RELEASE OF LIABILITY:

In consideration for my acceptance or that of my child/minor (in my legal custody) for participation in the activities/programs/use of facilities of the City of White Plains, I agree that I am aware of the inherent dangers and risk involved in these activities/programs including bodily injury which may result from strenuous activity or other causes related to the activities/programs. I agree for myself and/or for my child/minor to take the play facilities of the City of White Plains at our own risk. I agree for myself and/or for my child/minor to release and hold harmless the City of White Plains, it's officials, officers, agents, employees, and volunteers from and against any and all liability, damage or claim of any nature arising out of or in any way related to my participation or that of my child/minor in these activities/programs except those things caused by the sole negligence of the City. I understand that the City of White Plains does not provide accident or medical insurance and I am financially responsible for any and all medical expenses whatsoever that I or my child/minor may incur.

I have read, understand and agree with the terms of this release.

SIGNATURE OF REGISTRANT OR PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE:

Date: _____

Make checks payable to: The City of White Plains. For Mail Pre-Registration - Checks Only. DO NOT SEND CASH.
Mail to: Recreation & Parks, 85 Gedney Way, White Plains, NY 10605

FOR OFFICE USE ONLY

Program Fee:	Amount Paid:	Date Paid:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Cash <input type="checkbox"/> Check #:
Processed by:	Credit Card #:	Credit Card Exp. Date:	Scholarship: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
			Entered by: