Charles Moore Arena

23 O'Connor Way P.O. Box 1441
Orleans, MA 02653
(508) 255-5902 fax: (508) 255-8466
Email: info@charlesmoorearena.com web site: charlesmoorearena.org

Learn to Skate
Registration Form 2009-2010

Skater's Name: _____

DOB: _____ Age:_____ Male / Female

Mailing Address: _____

Town: _____ Sate: _____ Zip: _____

Parents' Names: _____ Phone: _____

Email Address: _____

Emergency contact: _____ Phone: _____

* I the undersigned, give permission for my child to participate in the CMA skating school program during the 2009-2010 season. I take full responsibility for all ill effects suffered by my child while participating in these programs.

Parent/Guardian Signature: _____ Date: _____

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Office Use Only

Session 2: Class Day & Time: _____ Initials: _____

CC Cash _____ Check _____ Date: _____

Session 3: Class Day & Time: _____ Initials: _____

CC Cash _____ Check _____ Date: _____

Session 4: Class Day & Time: _____ Initials: _____

CC Cash _____ Check _____ Date: _____

Session 5: Class Day & Time: _____ Initials: _____

CC Cash _____ Check _____ Date: _____

Session 6: Class Day & Time: _____ Initials: _____

CC Cash _____ Check _____ Date: _____