

Learn to Skate Registration Form 2011-2012

Skater's Name: _____

DOB: _____ Age: _____ Male / Female

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Parent's Names: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

*I the undersigned, give permission for my child/children to participate in the CMA skating school program during the 2011-2012 season. I take full responsibility for all effects suffered by my child while participating in these programs at the arena. I also give permission for my child's photo to be used for publicity purposes in the media.

Parent/Guardian Signature: _____ Date: _____

Session 1: Class Day & Time _____		Initials: _____		
PAID _____	Date _____	CC	Cash	Check

Session 2: Class Day & Time _____		Initials: _____		
PAID _____	Date _____	CC	Cash	Check

Session 3: Class Day & Time _____		Initials: _____		
PAID _____	Date _____	CC	Cash	Check

Session 4: Class Day & Time _____		Initials: _____		
PAID _____	Date _____	CC	Cash	Check

Session 5: Class Day & Time _____		Initials: _____		
PAID _____	Date _____	CC	Cash	Check

Session 6: Class Day & Time _____		Initials: _____		
PAID _____	Date _____	CC	Cash	Check



Charles Moore Arena 23 O'Connor Way Orleans, MA 02653

Phone 508 255-5902 Fax 508 255-8466 Email info@charlesmoorearena.com
visit our website for more information and complete schedule www.charlesmoorearena.com