CENTRAL IOWA FIGURE SKATING CLUB  
Spring 2019 SHOW



***‘Peace Love Skate’***

Registration Form 2019 CIFSC Spring Show

Skater (s)Name:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This will be how the name will be announced and how it appears in the program)

Birth Date:   \_\_\_\_\_\_\_\_\_\_\_\_ Current Age:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail

PLEASE NOTE:  E-mail is the preferred form of communication for practice schedules, show information, etc.  Please use an e-mail address you monitor regularly.

\*Central Iowa Figure Skating Club respects your privacy and will never share your e-mail address.

Address:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:   \_\_\_\_\_\_\_\_\_\_

Parent / Guardian name(s):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers:  Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:   \_\_\_\_\_\_\_\_Cell:   \_\_\_\_\_\_\_

**Photo Release Statement**

Publicity is a very important part of promoting the show and photos are often taken during production.

I hereby consent to and authorize the use of any photographs or videos that have been taken of me and/or my child(ren) for the purpose of marketing/advertising of CIFSC. Such photographs/videos will not have full names listed. I hereby acknowledge that I have read and understood the terms of this release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

Liability Waiver and Emergency Medical Consent:   I hereby release the Central Iowa Figure Skating Club, its affiliates, professional staff, club officers, and Board members from any and all liabilities as a result of personal injury that may be sustained by me/my child.  In the event of injury, I authorize the Central Iowa Figure Skating Club to seek on my child’s behalf whatever medical treatment the Club may deem necessary.

Skater Signature:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

(parent / guardian if under 18)

Doctor:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:   \_\_\_\_\_\_

Emergency Contact:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:   \_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **Price** |
| Registration | $55 |
| Additional program (duet, group, additional solo) | $30 |
| Sponsorship | $20 |
|  |  |
| **Total Enclosed** | $ |

Please complete and return with cash or a check payable to “CIFSC”

**Volunteering responsibilities (please mark all that applies)**

Setting the rink up\_\_\_\_\_\_

Cleaning the rink after the show \_\_\_\_\_\_

Stage Parent\_\_\_\_\_\_\_\_\_\_

DJ\_\_\_\_\_\_\_\_\_\_

Fundraising committee \_\_\_\_\_\_\_\_

Advertising committee\_\_\_\_\_\_\_\_\_

Planning committee\_\_\_\_\_\_\_\_\_\_\_

Rink decorations\_\_\_\_\_\_\_\_\_\_\_\_

Food table supervisor\_\_\_\_\_\_\_\_

Every family is in charge of bringing a food dish and drinks.

Every family is encouraged to look for the sponsors for our club and the show.

Please ask for a sponsorship letter from the Club president, Burton Powley, if you find a sponsor.