

Be a part of the...

# Fall River Crystalettes

## Synchronized Skating Team



**Spring I:**  
March 1 - April 12, 2012  
Thursdays at 5:40 pm  
Prerequisite: Freestyle I



*Join the fun!*

Form(s) must be completed in full by a parent or guardian and returned to your skating instructor. Incomplete forms will not be processed. One form per skater. Prerequisite: Skaters who have passed Freestyle I. Please see your Skating Director with any questions.

### Registration

Skater's Full Name: \_\_\_\_\_ Level: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Number \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

I am registering for: Spring I (Mar. 1 - Apr. 12) \_\_\_\_\_

Cost of 7-week season: **\$113.00 per skater**

Check / Money Order enclosed made payable to "FMC Ice Sports"

Check amount \$ \_\_\_\_\_ Check number: \_\_\_\_\_



I, the undersigned, do hereby acknowledge that my child, by participating in the Fall River Crystalettes Synchronized Skating Team, may be exposed to risk of injury that is inherent in ice skating programs. I hereby acknowledge that Facility Management Corporation and the FMC staff are not responsible for any damage or injuries that result from their participation in this program.

Parent/Guardian Signature

Date

**Driscoll Arena**  
272 Elsbree Street, Fall River, MA 02720  
1-888-74-SKATE (Toll Free) 508-679-3274 (Arena)  
www.fmcicesports.com

