

Skaters Full Name:					Age:
Address:			City / Zip:		
Phone Number:		Email:			
Program Performing:			Level:		
Cost: \$20.00	Membership:	(circle one)	FMC Ice Sports Natio	k Skating	Club of Natick
Payment Method: (Cir	rcle One)	Cash	Check (payable to FMC	Ice Sports)	Credit Card
WAIVER : I, the undersigned to hereby acknowledge that my child, by participating in the skating exhibition, may be exposed to risk of injury that is inherent in ice skating programs, I hereby acknowledge that Facility Managements Corporation and the FMC staff are not responsible for any damage or injuries that result from their participation in the program.					
Parent / Guardian Signature			Date		