

# **LAKE SHORE** **SKATING SCHOOL**

## Future Stars Registration 2018

ATHLETE'S INFORMATION	
Name:	
D.O.B/Age:	
Home Address:	
Phone:	
Prior Experience:	
Jersey Size:	Please Circle One:                      YS/M                      YL/XL                      AS

PARENT'S INFORMATION	Parent #1	Parent #2
Name:		
Address:		
Home Phone:		
Cell Phone:		
Email:		

Payment & Jersey Size:	Visa / MC / Disc / Check Please make checks payable to: Lakeshore Hockey	# _____ Exp. Date _____ CVV _____
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Please Circle One or More:	<b>Wednesdays \$95 + \$15 annual fee</b> -Spring                      4/18/18                      6:15PM -Summer                      6/6/18                      7:00PM
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The Participant, in attending LSHA and participating in any of the Learn to Skate programs, does so at their own risk. LSHA shall not be liable for any damage arising from personal injuries sustained by the participant in or about the premises. The participant assumes full responsibility for all injuries and damages which may occur in or about the premises and they do hereby fully and forever release and discharge the instructors, owners, and any other employees from any and all claims, demands, damages, rights of action present or future, resulting from or arising out of the participants use of the ice and or its facilities. Participation is entirely their own choice and with the understanding of risk of accidental injury involved in any activity involving motion or height. I understand that Lakeshore Skating School may take pictures/videos of their students and use in advertising or social media.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to: Lakeshore Hockey & Sports Center, 123 Ling Rd, Rochester NY, 14612**  
**[www.lshaice.com](http://www.lshaice.com), 585-865-2800**