



# 2010 SPRING SYNCHRONIZED MINI-CAMPS APPLICATION

**FEE: \$25.00** per skater per (current or returning team members)  
Basic Skills and USFS member are free for first time. Session includes  
**ON ICE & OFF ICE ACTIVITIES** *Lunch is on your own*

**APRIL 24<sup>TH</sup> \* MAY 15<sup>TH</sup> \* JUNE 12<sup>TH</sup>**  
**1:30 PM TO 4:30 PM**

Registration and payment must be received for each session by April 22<sup>nd</sup>, 2010/May 13<sup>th</sup>, 2010/June 10<sup>th</sup>, 2010.

**\*All checks must be made payable to Everett Silver Blades. Return to Melani or Diane in person or by email. Payment must be made by time of session in advance.**

Refunds will be issued only if the event is not held or doctor's note is presented for medical reasons. All refunds will be mailed within 30 calendar days after the completion of the camp, No refunds will be given after the registration deadline. All registration forms must be complete prior to participation. If under 18 years of age, parent or legal guardian must sign the Medical and Liability Release. Both on-ice and off-ice sessions will be held at the Comcast Community Ice Rink in Everett. *Lunch is on your own.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Email Address \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ USFS # (Must be a current member of USFS or USFS Learn to Skate): \_\_\_\_\_

USFS Level/Tests Passed: Field Moves-\_\_\_\_\_ FS-\_\_\_\_\_ Dance-\_\_\_\_\_ Basic Skills Level: \_\_\_\_\_

Signature of Skater: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

### Medical and Liability Release

I, the undersigned parent or guardian, do hereby grant my permission for my son/daughter to attend the Everett Silver Blades summer activity and fully participate in all activities thereof. In the event of an injury or illness during these activities, even if I cannot be directly contacted at the time, I hereby authorize medical treatment deemed necessary. I hereby release Everett Silver Blades, Everett Figure Skating Club, Comcast Community Ice Arena, and their agents, employees, coaches, officers, directors and representatives, acting officially or otherwise, from any and all claims and liability arising in any way out of its exercise of this authority. I understand and agree that all bills for medical or dental care and treatment will be forwarded to me or my insurance company, and that it will be my responsibility to see that such bills are paid. I further acknowledge, understand, and agree that in participating in this activity, program, or workshop there is a possibility of physical illness or injury and that my son/daughter is assuming the risk of such injury by his/her participation.

I further authorize the program director or his/her counselors to administer non-prescription analgesics for minor medical problems such as headaches, etc.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date