



**EAST WEST
ICE PALACE**

Summer 2010 — Registration

East West Ice Palace
11446 Artesia Blvd., Artesia, CA 90701
Phone: (562) 809-6200 Fax: (562) 809-0399

Skater	_____	_____	<input type="checkbox"/> Male
	Name	Date of Birth (month/day/year)	<input type="checkbox"/> Female
Mailing Address	_____		
	Street		
	_____	_____	_____
	City	State / Province	Zip

	Country		
Phone	_____		
Affiliation(s)	<input type="checkbox"/> US Figure Skating	_____	<input type="checkbox"/> ISI
	Membership #		Membership #
Tests Passed	_____	_____	_____
	Freestyle	Moves in the Field	Pairs

	Dance		
Parent/Guardian	_____		
	Name	Emergency Phone Number(s)	

Fill out the Session Request Form to select the sessions you wish to reserve now.

Sessions will be filled on a first-come, first-served basis up to a maximum of 20 skaters per session.

Any exception to the maximum number of skaters per session must be approved by Peter Oppedgaard.

Reserved sessions must be pre-paid.

If you wish, you may purchase additional session credits to be applied later, either for future reservations or for drop-on sessions.

_____	Sessions Requested (attach form)	X \$9	_____
_____	Additional Pre-Paid Session Credits	X \$9	_____
		Total	_____
<input type="checkbox"/>	Visa or MasterCard	<input type="checkbox"/>	Check
_____	Card Number	_____	Expiration Date
_____	Print Name of Card Holder	_____	Signature of Card Holder

I hereby approve the applicant to participate in the East West Ice Palace Summer Training Program. In doing so, I agree to release, indemnify, and hold harmless Artesia Ice Skating Training Center, L.L.C., its owners, officers, employees, and staff coaches with respect to any and all injury, disability, death, or loss or damage to property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

Signature of Parent or Guardian (or applicant, if 18 years or age or older)

Date