



BFSC Jumps Class Registration Form (Session 6)

Tuesdays, 6:00-7:00pm at Idaho IceWorld

Off Ice 6:00-6:15pm, On Ice 6:30-7:00pm

This class is designed for skaters who are Non-test or above who would like to work on improving their jumps from Axel and above.

(Skater must be a current member of the Boise FSC to enroll)

DATES:

July 5,12,19,26

Cost: \$105.00

Aug 2,9,16,23

Skater's name: _____

USFSA #: _____

Skater's age: _____

Skater's current Freeskate competition level: _____

Skater's Coach: _____

Parent name: _____

Parent phone number: _____

Parent email: _____

Emergency contact name & number other than the one listed above

By signing below, my skater and I agree to the following:

- I will listen to the coaches, and show respect to them, along with my fellow skaters.
- I will stay with the class for the entire time.
- If I do not feel well, I will let the coaches know, but will remain at IIW, unless checked out by a parent. Skaters may not leave on their own.
- I understand no cell phones are allowed on the ice during the class/clinic/camp.
- I understand any bullying, cyber-bullying, or teasing, will be grounds for immediate removal.
- If I do not follow these rules, I understand that I may be removed from the class/clinic/camp, and no money will be refunded. In addition, my standing in the club may be affected.

I have read the above rules, and agree to adhere to them.

Parent Signature: _____ Date: _____

Skater's Signature: _____ Date: _____

Coaches Signature for approval:

_____ Date: _____

(Once this form is signed and approved by a coach, proceed to payment on Entryeze through your member log in)