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SKATING	DOB Pleas
CLUB OF	awar
JACKSON HOLE	Emer:

Signature:

<u>2021 As</u>	pire/ Advanced Sp	oring Registration Form:		
Participants	First Name:			
Participants	Last Name:			
DOB:	AGE:	GENDER:		
Please Identify and medical conditions we should be made				
aware of:	•			
Emergency Co	ntact Person & Relation	<u>:</u>		
Emorgonou Co	ntact Darcon's #			

Skating Info for Participant:

Participant is registering Level: (Please circle one Below)

ASPIRE ADVANCED

Spring Semester Info:

Aspire and Advanced sessions for spring semester 2021 will be combined. Aspire/Advanced will meet twice a week (mon & Wednesday) from 4:00pm-5:30. Group class will be every Monday at 5:00-5:30pm (the rest of the time will be open/ practice time). The session will begin April 12 and end June 9th. All skaters participating will need to be a member of SCJH or LTS, if you haven't paid for your membership please do so. Skaters will need to follow the same COVID policy put in place for the winter semester (until SCJH changes them). Additional ice can be purchased through the rink for \$200 a hour.

Parent/Guardian Info Or Skaters Info If Over The Age Of 18:						
First Name:	Last Name:		Cell Numb	oer:		
Email:						
				ZIP:		
Second Parent/Guardian Info (If applicable):						
First Name:	Last Name:		Cell Num	ber:		
Email:						
Mailing address:		State:		ZIP:		
Payment/Pricing Info fo	or the Spring Semester:	(Please	circle Below,)		
Both days: \$800.00	Monday's ONLY: \$500.00	Wednesday (DNLY: \$450.0	0		
Amount Due:	Payment Form (Please Circle C	ne): CHECK	PAYPAL	VENMO: @SkatingClubofJH		
*Note: If paying by Venmo please leave a detailed not. If using Paypal please provide SCJH your email address below where you wish us to send the Paypal request for the amount due.						
Your Email address:						

Date: