



## 2019 SCJH Summer Camp Basic Info:

Participants First Name: \_\_\_\_\_

Participants Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

Please Identify and medical conditions we should be made aware of: \_\_\_\_\_

Emergency Contact Person & Relation: \_\_\_\_\_

Emergency Contact Person's #: \_\_\_\_\_

### Skating Info for Participant:

Participants USFS or LTS #: \_\_\_\_\_ *All skaters must be members of either USFS or Learn To Skate to participate. Go to [learntoskateusa.com](http://learntoskateusa.com) and pay your \$16.00 annual fee to get your LTS number.*

Please Fill in Skating Levels That Apply: LTS \_\_\_\_\_ MITF \_\_\_\_\_ Freeskate \_\_\_\_\_ Dance \_\_\_\_\_

Participant is registering for: **Learn To Skate Low    Learn To Skate High    Bridge    Adult    Advanced**

**NOTE:** All Adult skaters participating in our group classes must be able to skate forward unassisted and without holding the wall

#### Parent/Guardian Info Or Skaters Info If Over The Age Of 18:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### Second Parent/Guardian Info (If applicable):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### Payment/Pricing Info for Summer ice 2019 8/12-8/16 & 8/19-8/23:

**Learn To Skate: \$80.00    Bridge: \$130.00    Advanced: \$100.00    Adult: \$40.00    Adult class & Freestyle: \$120.00**

Amount Due: \_\_\_\_\_ Payment Form (Please Circle One): **CHECK    PAYPAL**

**\*Please mail camp forms and check to: SCJH    Address: PO Box 1165    City: Jackson    State: WY    Zip: 83001**  
(Attach a note with: Summer camp and participants name)

**\*If paying by Paypal please mail camp forms to: SCJH    Address: PO Box 1165    City: Jackson    State: WY    Zip: 83001**  
**Please provide SCJH your email address below where you wish us to send the Paypal request for the amount due.**

Your Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** For all classes (LTS, Bridge and Adult) we have a minimum of 4 skaters to run classes. Full refunds will be issued if classes are canceled due to participation numbers.

• **Consent for Medical Attention or Treatment**

I certify that I, the member, or I, the parent/guardian of said participant, give my consent to the Skating Club of Jackson Hole and the facility the activities are taking place in and their staff and to members of the Skating Club of Jackson Hole, their Board of Directors and volunteers to obtain medical care from any licensed physician, hospital or clinic, including transportation and emergency medical services, for myself/ourselves and/or said participant for any injury that could arise from participation in these activities

Skaters/ Participants Printed Name: \_\_\_\_\_

Parent/ Guardian Printed Name: \_\_\_\_\_

Skater's Signature if over the age of 18: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature of Parent/Guardian Signature if Skater is under the age of 18 )*

***This Consent for Medical Attention shall be binding and effective for the Skating Club of Jackson Hole membership year July 1, 2019 until June 30, 2020.***

• **Medical Information**

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Cell Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Cell Phone Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician's Number: \_\_\_\_\_

Medical Insurance Carrier and Policy/Group Number: \_\_\_\_\_

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• **SCJH Waiver and Release of Liability,**  
**Assumption of Risk and Indemnity Agreement**  
**(“Agreement”)**

In consideration of participating in activities, I represent that I understand the nature of figure skating activities (“activity”) and that I am qualified, in good health and in proper physical condition to participate in such “activity”. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the “activity”. I fully understand that this “activity” involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the “activity”, the conditions in which the “activity” takes place, or the negligence of the “Releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the “activity”.

I hereby release, discharge, and covenant not to sue the United States Figure Skating, or the Skating Club of Jackson Hole; it’s directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and lessors of premises on which the “activity” takes place (each considered one of the “Releasees” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “Releasees” or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

The SCJH has the right, but not the obligation, to provide rules, regulations and/or ice monitors for Club Ice and Club Activities. We hereby acknowledge that the SCJH shall not be responsible for the supervision of the members at Club Ice.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Skaters/ Participants Printed Name: \_\_\_\_\_

Parent/ Guardian Printed Name: \_\_\_\_\_

Skaters Signature if over the age of 18: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature of Parent/Guardian Signature if Skater is under the age of 18 )*

***SCJH Wavier & Release shall be binding and effective for the Skating Club of Jackson Hole membership year July 1, 2019 until June 30, 2020.***

• **PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT**

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim

Skaters/ Participants Printed Name: \_\_\_\_\_

Parent/ Guardian Printed Name: \_\_\_\_\_

Skaters Signature if over the age of 18: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature of Parent/Guardian Signature if Skater is under the age of 18 )*

***Parental Consent shall be binding and effective for the Skating Club of Jackson Hole membership year July 1, 2019 until June 30, 2020.***

• **Photography and Videography Waiver**

I, the minor's parent and/or legal guardian, consent to the use of pictures and videos of my child (children) or myself by the Skating Club of Jackson Hole in all promotional materials associated with any Skating Club of Jackson Hole functions and/or activities. This includes but is not limited to the club bulletin board, club Facebook page and the club web site.

Skaters/ Participants Printed Name: \_\_\_\_\_

Parent/ Guardian Printed Name: \_\_\_\_\_

Skaters Signature if over the age of 18: \_\_\_\_\_ Date: \_\_\_\_\_

*(Signature of Parent/Guardian Signature if Skater is under the age of 18 )*