



**SnoKing Kirkland Ice Arena**  
**Fiesta Skate**  
**Saturday March 28, 2020**



<b>Ensemble Events</b>			
Team Coach Name:		E-mail:	
		Contact #	
		USFS/Basic Skills #	
Skaters Average Age:			
General Test Level:	Basic Level	FreeSkate Level	USFS Level
Entries & Practice Ice registration on Entryeze on or before March 1, 2019			
<b>Ensemble Events are to register through the Skating Director by Team Coach</b>			
Duets/Trio's/Small Groups	# of participants in group		
Groups/Teams/Large Groups	# of participants in group		
<b>First/Last name of participant</b> All must be current members of Basic skills/USFS			
	1	8	
	2	9	
	3	10	
	4	11	
	5	12	
	6	13	
	7	14	

<b>Practice Ice Request</b>
<b>Practice ice purchases for Groups will be registered through the skating director. F</b>
<b>Practice Ice Session Fee for Ensembles is \$5.00 for 20 minute session (to be registered through the Skating Director)</b>
<b>Entries &amp; Practice Ice registration on Entryeze and submitted on or before March 1, 2020</b>
<b>Skaters will be notified of their session time after close of entries. Sessions will take place the morning of the event.</b>

Team coach is responsible for collecting all release forms for their participants.

Team coach is responsible for collecting all fee's to be submitted.

**Team coach will submit all release forms and fee's to the skating director on or by March 1, 2020**

<b>Small and Large group Fees and Payments</b>	
<b>To be registered through Skating Director by Team Coach</b>	
Small Group Event Fee \$ 60.00	\$
Large Group Event Fee \$ 70.00	\$
<b>Group Practice Ice \$ 5.00 pr pa</b>	\$
<b>Total Enclosed</b>	\$
<b>There are no refunds</b>	

**SnoKing Kirkland Ice Arena**  
**14326 124th Avenue N.E, Kirkland, WA 98034**

Skating Director Lisa Ware  
[Lisa@snokingkirkland.com](mailto:Lisa@snokingkirkland.com)

## Release/Hold Harmless

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

**Participant Name:** \_\_\_\_\_

I/we the parents of \_\_\_\_\_ do hereby give my/our consent to any authorized physician to perform such medical services as may be necessary because of my/our son or daughter in the SnoKing Ice Arena activities. I/we do further release, absolve, indemnify and hold harmless the ice arena, officers, board members, coaches, supervisors and any authorized physician, any or all of them. I/we hereby waive all claims against the aforementioned parties or any other persons appointed by them or any authorized physician. I/we understand the term "authorized" physician means not only our own physician listed below but, any other licensed, practicing physician who is called to perform the required medical services.

**Parent/Guardian Signature:** \_\_\_\_\_

**Instructors Initials:** \_\_\_\_\_



