



SnoKing Kirkland Ice Arena
Coins for Cares Exhibition
Friday, July 26 Afternoon Event



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

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 July 4, 2019

Small and Large group Fees and Payments	
To be registered through Skating Director by Team Coach	
Small Group Event Fee \$ 40.00 (Two, Three or	\$
Large Group Event Fee \$ 50.00 (Five or more)	\$
	\$
Total Enclosed	\$
There are no refunds	

SnoKing Kirkland Ice Arena

14326 124th Avenue N.E, Kirkland, WA 98034

Skating Director: Lisa Ware

Lisa@snokingkirkland.com

This form must be completed and signed by Parent or Guardian of each group participant

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: _____