

**LIGHTHOUSE FSC OF CAPE COD, INC. WALK-ON ICE FORM  
ON-ICE EDGE AND POWER SKATING CLASS**

**Name:** \_\_\_\_\_ **USFSA #** \_\_\_\_\_

**Address:** \_\_\_\_\_

(Mailing Address)

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**FEE: \$20.00/SESSION** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Lighthouse Figure Skating Club of Cape Cod, Inc. Regulations & Release form:**

I understand that I must abide by the rules and regulations of the Lighthouse Figure Skating Club of Cape Cod Inc. and Mid-Cape Ice Arena Inc. pertaining to conduct and procedures. I will not hold any employee of Mid-Cape Ice Arena or any member or Board Member of Lighthouse Figure Skating Club of Cape Cod Inc. liable for any damages that I or my child may incur either physically, monetarily, or psychologically while I or my child are on rink property or while participating in Lighthouse Figure Skating Club of Cape Cod Inc. ice sessions or activities. In the event of illness the Lighthouse Figure Skating Club of Cape Cod Inc or the Mid-Cape Ice Arena Inc. has my permission to provide first-aid emergency care. I agree to pay in full for the above noted sessions/ice contract.

**Medical Insurance Company:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Policy Holder Name:** \_\_\_\_\_

**Identification #:** \_\_\_\_\_

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

Signature of parent or guardian if under 18 years of age