



SafeSport Certified

2023-2024 Season

Primary Contact		Secondary Contact	
Mailing Addresses		Mailing Address	
City/State/Zip		City/State/Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone
E-Mail		E-Mail	

**Two 8-week sessions -
 Years with CFSC
 1st and 2nd- \$125 (both) or \$65 per session
 3rd and 4th-\$165 (both) or \$85 per session + \$200 Family Fee, 20 hrs work assessment
 5+ \$250 for the season + \$200 Family Fee, 20 volunteer hours**

SKATER'S NAME (FIRST, M.I., LAST) Nickname?	DATE OF BIRTH	GENDER	FEE

Skating level: None _____, Recreational _____, Snow Plow Sam _____
 Passed: Basic 1 _____, Basic 2 _____, Basic 3 _____, Basic 4 _____, Basic 5 _____
 Email form or questions to: chippewafigureskatingclub@gmail.com
 Chippewa Area Ice Arena: 839 1st Chippewa Falls - **Please DO NOT mail registration paperwork to this address.**
 CFSC is affiliated with CYHA which is a volunteer run organization.

PARENTS/GUARDIANS: Please read and sign the following statements:
 I give permission to use my email and mailing address as provided under parent information by CFSC.
 Signature: _____ Date: _____
 The skater(s) named on this form has my permission to participate in the activities of CFSC. I agree to pay and abide by the policies. If I fail to do so, the skater(s) will not be able to participate.
 Signature: _____ Date: _____
 I give my permission to post photographs and the first name of the skater(s) on CFSC website or facebook page.
 Signature: _____ Date: _____
Refunds will be determined by the CFSC Board on a case-by-case basis.