



American Riviera

FIGURE SKATING CLUB



2025 Fall Fling Recital Registration Form

Saturday, October 18, 2025 4:45 PM

ONLY ONE STUDENT PER FORM
PLEASE PRINT CLEARLY IN BLOCK LETTERS

Today's
Date:

Skater Last Name:	Skater First Name:	Age:
Last Level Passed/Tested:	Home Rink:	
Instructor Name:	Instructor Phone:	
<input type="checkbox"/> Yes, I would like to volunteer		If Duet, partner's name:
Parent or Guardian Name:		
Address:		City:
State:	Zip:	Phone Number:
Parent or Guardian Email Address:		
Emergency Contact Name:		Phone Number:
Club Member Individual Fee: \$35 Club Member Duet Fee: \$50 Non-Member Individual Fee: \$50 Non-Member Duet Fee: \$65		Amount Enclosed:

Registration deadline is Oct 4, 2025 – Music is also due on Oct 4

RELEASE OF LIABILITY:

In consideration for my acceptance or that of my child/minor (in my legal custody) for participation in the activities/programs/use of facilities of Ice In Paradise, I agree that I am aware of the inherent dangers and risk involved in these activities/programs including bodily injury which may result from strenuous activity or other causes related to the activities/programs. I agree for myself and/or for my child/minor to take the play facilities of Ice In Paradise at our own risk. I agree for myself and/or for my child/minor to release and hold harmless Ice In Paradise, officers, agents, employees, and volunteers from and against any and all liability, damage or claim of any nature arising out of or in any way related to my participation or that of my child/minor in these activities/programs except those things caused by the sole negligence of Ice In Paradise. I understand that Ice In Paradise does not provide accident or medical insurance and I am financially responsible for any and all medical expenses whatsoever that I or my child/minor may incur.

I have read, understand and agree with the terms of this release.

SIGNATURE: (Registrant or parent/guardian if under 18 years of age) X _____ **Date:** _____

I, _____ grant permission to Ice in Paradise FSC for the use of photographs of my child or myself to be used for posters, flyers, social media (Facebook, Instagram, etc.) and Ice in Paradise websites.

Signature of performer or parent X _____

FOR OFFICE USE ONLY

Program Fee:	Amount Paid:	Date Paid:	<input type="checkbox"/> Check # <input type="checkbox"/> Cash
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