



River Lakes Figure Skating Club 2023 – 2024 Membership Form

Skater's Name _____ m / f Age _____ Birthdate _____

Skater's Name _____ m / f Age _____ Birthdate _____


Skater's Name _____ m / f Age _____ Birthdate _____

Parent or Guardian's Name(s) _____

"Learn to Skate USA" membership current? Y / N

Phone # 1 _____ Phone # 2 _____

E-Mail Addresses _____

 In case of emergency, RLFSC will attempt to contact a parent or guardian immediately. If a parent or guardian is not available, and our coaching staff determines that it is necessary, 911 emergency services will be contacted. **Each family is responsible for any emergency medical expenses you may incur if such an incident were to occur.**

Medical Conditions _____

Emergency Contact _____ Phone _____

**Who referred you to RLFSC? or
Where did you hear about RLFSC?** _____

The RLFSC Member Handbook is available on our website www.rlfsc.org

**By signing this form, you acknowledge that you & your skater(s) agree to
the terms of membership.**

Parent or Guardian Signature _____ Date _____

Participants' Signature _____ Date _____