

**2012 YFSC-HFSA SUBSCRIPTION ICE
 YALE'S INGALLS RINK, NEW HAVEN, CT
 TUESDAY NIGHTS, 6:30PM-7:30PM
 JANUARY 24 THRU FEBRUARY 28, 2012**

Name _____

Address _____

Phone _____ Cell _____ Email _____

Parent _____ USFS Home Club _____

Skaters USFS # _____ Member of YFSC? _____ HSFA? _____

Highest Test Passed _____

****All Skaters must have passed Basic 8, or be working on Basic 6 and above and be supervised by a coach.**

Coach _____

****ALL COACHES MUST be ONE of the following:**

- HFSA BOARD APPROVED and also registered with YFSC**
- YFSC BOARD APPROVED**
- YFSC REGISTERED GUEST COACH**

****ALL SKATERS MUST BE CURRENT MEMBERS OF USFSA****

****MAXIMUM 25 SKATERS PER SESSION****

<u>TUESDAY Nights (6 Weeks)</u>	<u>Members</u>	<u>NonMembers</u>
1/24, 1/31, 2/7, 2/14, 2/21, 2/28	\$ 120.00	\$ 138.00

TOTAL AMOUNT ENCLOSED \$ _____

Please make check payable to YFSC, Inc.

MAIL TO: Mary D'Agostino, 19 Douglas Drive, Hamden, CT 06518

▪ I AGREE TO WAIVE AND RELEASE CLAIMS AGAINST YALE UNIVERSITY, YFSC, HFSA, THEIR OFFICERS, EMPLOYEES, AND MEMBERS, FOR INJURIES AND DAMAGES SUFFERED BY MYSELF, OR BY ANY CHILDREN UNDER 18 FOR WHOM I AM SIGNING, DURING PARTICIPATION IN THE YFSC SKATING PROGRAM AND ACTIVITIES AT INGALLS RINK OR ELSEWHERE . I HEREBY ACKNOWLEDGE THAT ICE SKATING IS AN INHERENTLY DANGEROUS SPORT, AND PARTICIPATION INVOLVES RISK OF SERIOUS BODILY INJURY. I WILLINGLY UNDERTAKE THIS RISK FOR MYSELF AND FOR ANY CHILDREN UNDER 18 INCLUDED ON THIS FORM.

▪ I HAVE READ AND I UNDERSTAND THE RULES OF THE YFSC AND AGREE TO ABIDE BY THEM. I HAVE CONVEYED THE RULES TO ANY CHILDREN UNDER 18 INCLUDED ON THIS FORM. I KNOW THAT THE CLUB HAS THE RIGHT TO ASK FOR THE WITHDRAWAL FROM ANY SESSION OF ANY SKATER WHO DOES NOT ABIDE BY THESE RULES.

Signature of Member or parent of Member under 18 years old:

_____ **Date** _____