

***Collins Perley Learn to Skate Program***

***Mail to: 13 Beverly Court***

***St. Albans, VT 05478***

***Info: 802-782-0868***

***802-933-7436***

**[RhondaFletcher64@gmail.com](mailto:RhondaFletcher64@gmail.com)**

***2023-2024***

***Registration Form***

Name: \_\_\_\_\_

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

E-Mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Skating Level: \_\_\_\_\_

USFSA Basic Skills Number: \_\_\_\_\_

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

Group Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I would like to skate on: \_\_\_\_\_ Saturday 1 hour  
\_\_\_\_\_ Tuesday 1 hour  
\_\_\_\_\_ Tuesday ½ Hour Beginners  
\_\_\_\_\_ Tuesday Power Drill

**MUST BE COMPLETED:**

**MY CHILD WILL \_\_\_\_\_ WILL NOT \_\_\_\_\_**

**PERFORM IN THE END OF SEASON SHOW ON SUNDAY, FEBRUARY 25, 2024,  
AT 2:00PM.**

Participant's Signature: \_\_\_\_\_

Participant's Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name or Guardian's Signature: \_\_\_\_\_

Parent's or Guardian's Name (Print): \_\_\_\_\_