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CONTACT IN	FORMATIO	N							
Name of Skater if over 18, or Parent/Legal Guardian				Relationship to Skater					
Mailing/Street Address		City	State	e Zip		OCOTCI			
Phone Number	Number E-Mail Address			Receive e-mail u	pdates?	CENTEI			
Emergency Contact Name				Phone Number		1950 Homer Jones Drive Bremerton, WA 98310 (360) 479-RINK www.bremertonice.com			
SKATER 1 First Name	Las	t Name		Birth Date	Age				
Class Name	Cla	ss Day/Time	USFSA	Member Number	Sex M F	☐ Winter Session I			
SKATER 2						☐ Winter Session II			
First Name	Las	t Name		Birth Date / /	Age				
Class Name	Cla	ss Day/Time	USFSA	Member Number	Sex M F	□ New Student			
SKATER 3	•		•			□ New Student □ Re-enrollment			
First Name	Las	ast Name		Birth Date	Age	☐ Try it for free			
Class Name	Cla	ss Day/Time	USFSA	Member Number	Sex M F				
Agrees that the parent and if the participant b Acknowledge and fully and economic losses, which used. Further, that there m Assume all the foregoid Release, waive, dischapplicable, owners and lease his or her heirs and next of in whole or in part by the nead the same and in the parents.	owed to participat 's) or legal guardia elieves anything is understand that on might result not ay be other risks in ng risk and accep arge and covenant sers or premises us kin for any and all egligence of the re	te in any way in Bremer an's) will instruct the mis sunsafe, he or she sho each participant will be only from their own acti- not know to us or not re- t personal responsibilit t not to sue Bremerton sed to conduct the eve claims, demands, loss leases or otherwise. I co	inor participant that buld immediately a engaging in activi- ions, inactions or re- easonably foreseed by for damages foll lice Center, LLC it ent, all of which are- lies or damages or certify that I am the	at prior to participating, he dvise his/her coach or supties that involve risk of sernegligence of others, the rable at this time. owing such injury, permar is affiliated clubs, other pase hereinafter referred to as a account of injury, including enrollee or the parent or	or she should inspervisor of such corious injury, includules of play, or the nent disability or dirticipants, sponsos "releases", from gleath, or dama guardian of the ch	vents and activities, the undersigned: pect the facilities and equipment to be used, ondition's) and refuse to participate. ing permanent disability and death, and severe e condition of the premises or of any equipment eath. ring agencies, sponsors, advertisers, and if any and all liability to each of the undersigned, ige to property, caused or alleged to be caused hild whose name appears on this agreement cate Classes under the terms and conditions			
Signature:	/ Guardian Ml	JST sign if Particip	pant is younger	Date: rthan 18					