



USFSA Regional Training Camp

June 21, 22 and 23, 2002

Sponsored by the Skating Club of Mt. Lebanon

(Sanction by the United States Figure Skating Association)



REGISTRATION FORM (Please Print)

Skater's Name: _____ Date of Birth: ____ / ____ / ____

Participating Parent: _____ Participating Coach: _____

Street Address: _____ USFSA No. _____

City: _____ State: _____ ZIP: _____

Phone No. (____) _____ eMail: _____

For Each Skater - Circle Highest Tests Passed and Camp T-shirt Size (Skater must have passed the Preliminary Test in at least one Discipline)

Moves-in-the-Field:	Preliminary	Pre-juvenile	Juvenile	Intermediate	Novice	Junior	Senior
Free Skating:	Preliminary	Pre-juvenile	Juvenile	Intermediate	Novice	Junior	Senior
Dance:	Preliminary	Pre-bronze	Bronze	Pre-silver	Silver	Pre-gold	Gold
Camp T-shirt Size: (Select true shirt size)	Child-Medium	Child-Large	Adult-Small	Adult-Medium	Adult-Large	Adult-XLarge	

Home Skating Club: _____ Coach: _____

Liability Waiver

As a participant in this Camp, I hereby waive all claims for injury and/or damage or loss of property arising from or during this Camp and therefore hold harmless all personnel associated with this Camp, including the Camp Staff, the Skating Club of Mt. Lebanon, the Mt. Lebanon Recreation Center and the USFSA, while participating in any and all Camp activities.

Parent/Guardian or Participant's (if over 18 years of age) Signature: _____ Date: _____

Consent for Medical Attention

I certify that as parent or guardian of said participant, I give my consent to Camp Staff to obtain medical care from any licensed physician, hospital or clinic for said participant for any injury that could arise from participation in Camp activities.

Parent/Guardian or Participant's (if over 18 years of age) Signature: _____ Date: _____

Club Officer Certification (Required for Participating Skaters Only) (Not Required for Skating Club of Mt. Lebanon Members)

I hereby certify that the above named skater is a member in good standing of our Club and is eligible to participate in this Camp.

Club Officer's Signature and Office Title: _____ Date: _____

Training Camp Fees

Skater (includes Meals and Camp T-shirt): \$ 250.00 X No. _____ = Total \$: _____

Parent or Coach (includes Meals): \$ 50.00 X No. _____ = Total \$: _____

(Coach fee waived if coach brings 6 or more students.)

Total Amount Enclosed: _____

PAYMENT IN FULL IS DUE WITH COMPLETED REGISTRATION FORM. Enrollment is limited and registration will be processed on a first-come, first-served basis. **The postmark deadline is June 3, 2002.** A doctor's excuse will be required to qualify for all refunds. Refunds will not be issued after June 20, 2002. Returned checks will be subject to a \$25.00 processing fee. The Club of Mt. Lebanon reserves the right to cancel any classes or sessions and minimum/maximum enrollment requirements will

Remittance Information

Mail completed Registration Form, a check made payable to the **Skating Club of Mt. Lebanon**, and a self-addressed, stamped envelope to:



Mrs. Donna J. Cella (Camp LOC)
353 Marlin Drive
Pittsburgh, PA 15216

A detailed schedule will be provided with your registration confirmation. Official USFSA Training Camp Packets for each participant will be provided at the start of the Camp, upon your arrival at the Camp Registration Desk.