

ICE SHOW 2019
REGISTRATION

(Forms must be handed into Cashiers booth along with payment)

NAME: _____

ADDRESS: _____

CONTACT NUMBERS: Name of Parent(if applicable) _____

Home: _____ Mobile: _____

Any medical conditions we should be aware of:-

VIDEO/STILL PHOTOGRAPY CONSENT

Parental Consent/Video-photographic consent:-

I give permission for my son/daughter to participate in the 2019 Ice Show being run at Hunter Ice Skating Stadium and I am aware that by participating in this show that video and photographs will be taken to which I give my consent.

Signature

Date

Office Use Only

Registration Paid _____ Costume Deposit Paid _____