



American Ice Theatre Seminar - BLAINE

NSC Super Rink (Rink #7)

January 17th 9am - 3 pm

All Northern Blades NSC FSC Skaters are invited and encouraged to attend. Fee \$30.00

This seminar is being subsidized by NBNSC FSC for its members.

Please complete the registration form and return with payment to Karen Olson by January 3rd

Skater Name: _____ Age: _____

Skater Level: (list tests passed Moves, Freestyle, Ice Dance)

E-Mail Address for seminar communication: _____

Emergency Contact Name: _____ Phone Number: _____

Does your child need assistance to tie their skates? circle one YES NO

I understand that American Ice Theatre [AIT] its officials, employees and agents, officers, directors its subsidiaries cannot be responsible for any injuries or damage suffered by my participation in the AIT BLAINE Seminar. With this knowledge, I consent to my participation in the AIT BLAINE Seminar. I further consent to my participation in choreography assignments and any other activity in connection with this program. I agree that I or anyone I enlist in connection with his program will not institute any legal action or assert any claim against AIT for any injury or damage experienced during the AIT BLAINE Seminar. I am in full understanding of, and will comply with policies as set forth by AIT Directors. All students are expected to conform to the AIT's policies, and conduct themselves in a disciplined, responsible and courteous manner at all times. I understand that AIT teachers reserve the right to suspend or dismiss any student whose attitude, attendance or conduct is found to be unsatisfactory. I understand that while in the AIT BLAINE Seminar, photographs or videotape of my image may occur. I hereby consent to my image and name being used by AIT and (presenters) for commerce, business, educational and/or entertainment purposes, without limitation. Also, Jodi Porter Company LLC / AIT may use the information or testimony I provide to the organization for similar purposes, without restriction. I also agree never to conduct educational programs i.e. classes, seminars, webinars, workshops etc. based on the concepts of AIT without express written permission of founder, Jodi Porter.

Parent Name (if under 18): _____

Parent Signature: _____

PLEASE MAKE CHECKS PAYABLE TO: NBNSC FSC and submit to Karen Olson by January 3rd