

# AMERICAN ICE THEATRE

## DANCE ON ICE WORKSHOP APPLICATION

\$175.00 (Include payment with application)  \$25.00 (AIT t-shirt)

**OFFICE USE ONLY**

Payment Received \_\_\_\_\_

### COMPLETE AND RETURN

Last Name	First Name	Age	Date of birth
Street address	City State		Zip
Home phone	Work phone	E-mail (REQUIRED)	
Name of parents/guardians and (Relationships)			
Name of Skating Coach(s)		T-shirt - Children's Size: <i>X-Sm / Sm / Med / Lg / X-Lg</i>	

### CONTACT IN CASE OF EMERGENCY

Name	Relationship to student
Day Phone	Evening Phone
Name of Physician	Telephone of Physician

### INSURANCE INFORMATION (For use in case of medical emergency)

Name of insurance company	Policy number	Coverage dates
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### AGREEMENT AND RELEASE

As an adult student or a parent/guardian of a student, I understand that American Ice Theatre [AIT], City of San Jose, its officials, employees and agents, the San Jose Downtown Association [SJDA], its officers, directors, employees, agents and subcontractors as well as F.C. Fairmont, L.L.C., Forest City Commercial Management, Inc., Forest City Enterprises, its subsidiaries and affiliates cannot be responsible for any injuries or damage suffered by my child during his/her participation in the AIT Dance on Ice Workshop (PROGRAM). With this knowledge, I consent to my child's participation in the PROGRAM. I further consent to my child's participation in field trips and any other activity in connection with this program. I agree that neither my child nor I, as a parent/guardian, will institute any legal action or assert any claim against AIT / SJDA for any injury or damage experienced by the student during the PROGRAM, which extends from NOV. 14, 2008 to JAN, 11, 2009. As a parent/guardian, I am in full understanding of, and will comply with, tuition payment/withdrawal policies as set forth by AIT. All students are expected to conform to the PROGRAM'S policies, and conduct themselves in a disciplined, responsible and courteous manner at all times. I understand that AIT reserves the right to suspend or dismiss any student whose attitude, attendance or conduct is found to be unsatisfactory. I understand that while skating at Downtown Ice between NOV. 14, 2008 and JAN, 11, 2009, photographs or videotape of my image may occur. I hereby consent to my image and name being used by The SJDA/AIT for commerce, business, educational and/or entertainment purposes, without limitation. Also, SJDA / AIT may use the information or testimony I provide to the organization for similar purposes, without restriction. In an emergency situation, I also hereby grant permission for a staff member of AIT or SJDA to seek emergency medical treatment for my child. If, in the judgment of a qualified medical doctor or other personnel of an emergency treatment facility, medical assistance or treatment is required during the 2008/09 term, this will authorize such assistance or treatment.

Signature of Parent with legal custody/Legal Guardian/Adult Student \_\_\_\_\_ Date \_\_\_\_\_

**Make checks payable to AIT. Return application attention: AIT c/o 179 Owens Court, Mountain View, CA 94043**