Wheaton Ice Skating Academy
since 2003

WISA APPLICATION

Parent / Guardian Name:_____
Address:_____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ E-Mail: _____

	Child Name	Date of Birth	Gender	
1	_____	___ /___ /_____	M	F
2	_____	___ /___ /_____	M	F

	Question	Yes	No
1	Is your child: Home schooled (or not yet in school) Private school Public school	☐ ☐ ☐	☐ ☐ ☐
2	Practice Locations : Wheaton Ice Arena Rockville Ice Arena Cabin John Ice Arena	☐ ☐ ☐	☐ ☐ ☐
3	Is your child involved in other activities: If yes please describe: activity times per week _____ _____ _____ _____ _____ _____	☐	☐

The participant assumes all risks associated with participation in the program. WISA (Wheaton Ice Skating Academy) assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of activities, WISA encourages participants to consult their physicians concerning fitness to participate in the program. The participant consents to WISA use of any photographs taken or videotapes made of the program. If participant is a minor; the parent or guardian approves his or her participation in the program. Neither the coach nor any of the staff are responsible for children prior to or after the schedule program.

Parent / Guardian Signature _____ Date: _____

http://WISA.US

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