

Wheaton Ice Skating Academy

WISA Application

	nt / Guardian Name:				
Address:					
	Child Name	Date of Birth		Gender	
1		//	М	F	
2		//	М	F	
	Question		Yes	No	
1	s 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 If yes please d activity	~			
Acade strent to vide	articipant assumes all risks associated witemy) assumes no liability for injury or dan dous nature of activities, WISA encourage o participate in the program. The participa eotapes made of the program. If participa cipation in the program. Neither the coach after the	nages arising from participation is s participants to consult their ph ant consents to WISA use of any nt is a minor; the parent or guar	in the progr ysicians co photograph dian appro	ram. Due to the ncerning fitness as taken or ves his or her	
Parent / Guardian Signature I			Date:		