



# NIXON ICE SKATING PARTY

Wednesday, November 2<sup>nd</sup> - 5:30 pm to 7:30 pm

The Winter Lodge



Come and join your Nixon friends and family for a fun evening of skating! Cost is \$16.00 per skater with or without rental skates. Spectators are free. Pizza, drinks, and baked goods will be available for purchase.

**To comply with PTA insurance rules, waiver forms are required for the party; a parent or guardian must fill out the form for each minor (siblings can be on one form).**

Complete and return all three items to the Ice Skating Party folder at the office. (Incomplete orders will be returned.)

1. **Waiver Forms** – For children skaters, use Parent Approval Waiver; for adult skaters, use Participant’s Waiver Form below
2. **Sign-Up Form** (below)
3. **Payment by check** (payable to Nixon PTA)

Additional forms are available at the office. Questions? Contact Cinnamon Chu at [cinnamonchu@gmail.com](mailto:cinnamonchu@gmail.com) or Tim Edmonds at [tim.edmonds@gmail.com](mailto:tim.edmonds@gmail.com).

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## Nixon Ice Skating Party Sign-Up Form

\_\_\_\_\_ (Number of Skaters) x \$16.00/skater = \$ \_\_\_\_\_ (Total cost, payable to Nixon PTA)

The name\* of the sign-up adult: \_\_\_\_\_

\*Skaters will be checked in under this name on the day of the event.

Your email address: \_\_\_\_\_ Your phone# : \_\_\_\_\_

Can you bring a snack or dessert for the bake sale? Yes \_\_\_\_\_ Can you act as a safety monitor on the rink? Yes \_\_\_\_\_

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### For adult skaters

### Participant's Waiver Form

California State PTA

930 Georgia Street, Los Angeles, CA 90015-1322

#### Participant's Waiver

In the consideration of my participation in the Nixon PTA, Palo Alto, CA Ice Skating Party on November 2, 2011, I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive, release and discharge any all rights, claims and actions for damages that I may have, or that may hereafter accrue to me against the California State PTA, including all units, councils and districts and all of their officers, directors, members and volunteers.

I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in an event of this type.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_

→ Please fill out and sign **Parent Approval and Student Waiver** (on back) for children skaters.

## For children skaters

### Parent Approval and Student Waiver Form

The minor(s) listed below has/(have) my permission to participate in the Nixon Ice Skating Party on November 2, 2011, at the Winter Lodge of Palo Alto, from 5:30 – 7:30 p.m.

I, as parent or guardian of the minor(s), do hereby, for my child(ren), myself, my heirs, executors and administrators, remise, release, and forever discharge Nixon PTA, Palo Alto Council of PTA's, 6<sup>th</sup> District, and the California Congress of Parents, Teachers, and Students, Inc. (California State PTA), and all PTA officers, employees and agents of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of referred.

I hereby certify my relation to the minors listed, and their dates of birth, and I do hereby certify that to the best of my knowledge and belief said minor(s) is/(are) in good health.

In case of illness or accident permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise whether the minor(s) listed below has/(have) had any allergies, medicine reactions or unusual physical condition which should be made known to a treating physician.

Name of Minor (First/Last)	Relation	Date of Birth	Grade	Note for emergency treatment*
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*Write down any allergies to medication or physical conditions that should be known to a treating physician.  
If none, write "None"

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Emergency Phone Number

→ Return this form and your check to the office. Thank you for signing up.

