



Youth Ice Skating Night

Saturday, February 4 ~ Leaving ROCI at 7pm, returning at 9:30pm

Cost=\$10 per student

Event permission slip and yearly medical form required to attend!

Name: _____

Emergency Contact Phone #: _____

Name of Emergency Contact Person: _____

By signing this, I agree to abide by all the rules set forth by the Youth Leadership Team. I understand if I refuse to abide by such rules, I will be sent home without a refund.

Student Signature

Date

My child is allowed to go to the event listed on the front of this card. I understand that if my child is disruptive, it is my responsibility to transport him or her home if needed.

Parent Signature

Date