

CENTER ICE SKATING SCHOOL REGISTRATION FORM

OFFICE USE ONLY

FEE: _____
CK# _____
CASH: _____
CREDIT CARD: _____

Re-enrollment: _____
2nd Family Member: _____
3rd Family Member: _____

All of the below information must be completed before registration will be accepted.

SKATING SCHOOL REGISTRATION FORM

NAME: _____

AGE: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE#: () _____ GENDER: MALE FEMALE

CLASS: _____ DAY/TIME: _____

START DATE: _____ END DATE: _____

HAVE YOU EVER TAKEN A SKATING CLASS BEFORE? _____

IF YES, WHAT WAS YOUR LAST CLASS COMPLETED? _____

ARE YOU AN I.S.I. MEMBER? YES NO MEMBERSHIP#: _____

RELEASE OF LIABILITY/ACKNOWLEDMENT OF RISK

UPON ENTERING EVENTS SPONSORED BY CENTER ICE LLC I/WE AGREE TO ABIDE BY CENTER ICE RULES. I/WE UNDERSTAND AND APPRECIATE THAT PARTICIPATION OF THE SPORT CONSTITUTES A RISK TO ME/US OF SERIOUS INJURY, INCLUDING PERMANENT PARALYSIS OR DEATH. I/WE VOLUNTARILY AND KNOWINGLY RECOGNIZE, ACCEPT, AND ASSUME THIS RISK AND RELEASE CENTER ICE, EMPLOYEES, SPONSERS, ORGANIZERS AND OFFICIALS FROM LIABILITY THEREFORE.

I/WE ALSO UNDERSTAND THAT CENTER ICE WILL NOT GIVE A REFUND FOR ANY REASON

PARENT/GUARDIAN SIGNATURE

DATE