

LEARN TO SKATE REGISTRATION

Parent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent Email Address: _____ Phone # _____

Participants Name: _____

Male

Female Skill Level: _____ DOB: ___/___/___

Participants Name: _____

Male

Female Skill Level: _____ DOB: ___/___/___

Participants Name: _____

Male

Female Skill Level: _____ DOB: ___/___/___

Participants Name: _____

Male

Female Skill Level: _____ DOB: ___/___/___

2018/2019 SESSIONS

Session 1. 6 weeks for \$65 Wednesday 9/5,12, 19, 26, 10/3, 10
 Saturday 9/8, 15, 22, 29, 10/6, 13

Session 2. 7 weeks for \$75. Wednesday 10/17,24, 11/7,14, 28, 12/5,12
 Saturday 10/20, 27, 11/3, 10, 17, 12/1, 8, 15

Holiday Mini Session. 4 days for \$45 12/26, 12/27, 12/28, 12/29

Session 3. 4 weeks for \$45 Wednesday 1/2,9,23,30
 Saturday 1/5, 12, 26 2/9

Session 4. 8 weeks for \$80 Wednesday only 2/6-3/27

Session 5. 8 weeks for \$80 Wednesdays 4/3-5/22

Saturdays 4/6-5/25

June Mini Session. 4 weeks for \$45. Wednesday only 6/5, 6/12, 6/19, 6/26

RELEASE WAIVER: Please read the following statement and sign below.

I, the participant, parent/guardian, understand the Inherent risk of physical Injury Involved in skating and do so at my own risk. Participants and parents assume responsibility for all injuries and damage and forever release, discharge and hold harmless the employees and agents of the City of York and York Ice Arena from any and all claims, demands, and rights of action, present and future resulting from participation In any program or use of our facility. I hereby agree that group, cast or Individual photos or videos taken of any student previously or currently enrolled In any York Ice Arena program be released to use on our website In printed advertisement and all other media currently known and yet to be known.

Parent Signature: _____ Date: _____