

Skate, Rattle & Roll Day Camp

Skater's Name: _____ DOB: _____

Parent's Name: _____

Email: _____ Phone: _____

Address: _____

Half Day Camp Weekly: \$130 *Early bird price:\$110 Daily : \$35

Circle Week:

June 3-7

June 10-14

June 17-21

June 24-28

July 1-5

Full Day Camp Weekly: \$229 *Early bird price:\$189 Daily : \$50

Circle Week:

July 8-12

July 15-19

July 22-26

July 29-Aug 2

Early bird prices only available if paid by May 20!

Payment:

Credit Card #: _____ Exp: _____

Zip Code: _____ CVC: _____

Check #: _____ Cash: _____

Total Cost: _____ EMP: _____

For more information, call (602)957-9966 or contact
Alexandra Wray at AlexandraW@azice.com



3853 E. Thomas Rd. Phoenix, AZ 85018



Skate, Rattle, & Roll Emergency Contact Information

Childs Name: _____

In Case of Emergency, please contact:

Name _____

Phone _____

Name _____

Phone _____

Is your child allergic to anything? _____

Are there any special needs or concerns you have that we should be aware of?

I understand that ice-skating, like most athletic activities, has a degree of unpredictability and risk involved. I also understand that injury can occur and I assume the risks involved in the activity for which the student is enrolling. I agree that neither AZ Ice nor its affiliates, employees, or agents shall be liable for any or all injuries that may occur to the skater. I agree to indemnify and hold AZ Ice, its affiliates, agents, and employees harmless from any claims, damages or costs (including reasonable attorney fees) that might arise out of students' participation in this facility.

A SIGNATURE IS REQUIRED OF PARENT, LEGAL GUARDIAN OR STUDENT (OVER 18 YEARS OF AGE.) I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS WRITTEN ABOVE. I ACKNOWLEDGE RECEIPT OF SAID WAIVER.

Signature of Parent of Guardian

Printed Name

Date _____

