



Badge Session: _____ In Book

Learn to Skate Registration Form

Skater's Last Name: _____ First Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell/Work Telephone: _____

Date of Birth: ____/____/____ Age: _____ Email: _____

Parent/Guardian Last Name: _____ First Name: _____

Learn to Skate Class Information

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Terms & Conditions

1. Because of the popular demand of our Learn to Skate Program, class times may be changed to accommodate all of our eager skaters.
2. We are dedicated to keeping class sizes down – so we are unable to issue refunds. _____ **INITIAL**
3. 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 AZ Ice Gilbert LLC nor its affiliates, employees, or agents shall be liable for any or all injuries that may occur to the student. I agree to indemnify and hold AZ Ice Gilbert LLC, its affiliates, agents, and employees harmless from any claims, damages, or costs (including reasonable attorney fees) that might arise out of the student's participation in this facility.

I HAVE READ AND AGREE TO THE TERMS & CONDITIONS ABOVE.

Participant, Parent or Guardian Signature

Printed Name

Executed on this _____ day of _____, 20_____.

Tuition \$ _____

Salesperson: _____

Discount \$ _____

Discount Reason: _____

Registration Fee \$ _____

CREDIT CARD (Attach CC Slip)

TOTAL PAID \$ _____

CASH CHECK CK# _____