

CITY ICE PAVILION FALL BRIDGE PROGRAM AND THEATRE ON ICE REGISTRATION FORM ~ Semester 1 starts October 12th

Students must be evaluated before registering for Bridge or TOI programs. Contact Elise Gallagher to schedule an evaluation.
Email egallagher@cityicepavilion.com or Phone: 917.596.2064

First _____ Last _____ Phone: (_____) _____ - _____

Address _____ City _____ Apt _____ State _____ Zip _____

Birthdate ____/____/____ Gender: ____ M ____ F Email _____

Parent/Guardian name _____ Emergency Phone _____

How did you hear about us? ____ Friend ____ Newspaper ____ TV ____ Website Please specify: _____
Please select the class you are registering for:

Bridge- Low Eight-week program Highest level Passed: _____	_____ Friday 4:00 pm	Bridge- Freestyle Eight-week program Highest level Passed: _____	_____ Sunday 9:45 am
	_____ Saturday 9:45 am		
	_____ Sunday 9:45 am		
Bridge- High Eight-week program Highest level Passed: _____	_____ Saturday 9:45 am	New! Theatre on Ice 12 week program Highest level Passed: _____	_____ Friday 4:30 pm
			For costume, please measure: (in inches) Chest _____ Waist _____ Hips _____ Torso _____

<p style="text-align: center;">BRIDGE PROGRAM</p> <p style="text-align: center;">Program fee: \$330</p> <p>*Ask about package discounts when registering for two or more days per week!</p>	<p style="text-align: center;">THEATRE ON ICE</p> <p style="text-align: center;">Program Fee for Non-Bridge Program Members: \$480 Program Fee for Bridge Program Members: \$420 PLUS Cost of Costume: \$60 (All Registrants). <u>Please make out a separate check for the costume fee payable to Elise Gallagher.</u> Two options to pay TOI fee: #1- Pay in full at time of registration, or #2- Pay half of the fee now and remaining half by Nov. 20th. Contact Elise Gallagher for option #2.</p>
TOTAL BRIDGE AMOUNT \$ _____	TOTAL THEATRE ON ICE AMOUNT \$ _____

Circle Payment: Credit Card Cash Check # _____ ____MC ____Visa ____Discover ____Amex

Credit Card # _____ Exp. Date _____

Cardholder Name _____ Signature _____ Date ____/____/____

BEFORE A CHILD CAN PARTICIPATE IN A CITY ICE PAVILION PROGRAM, THIS RELEASE MUST BE SIGNED BY THE PARTICIPANT'S PARENT/GUARDIAN. CITY ICE PAVILION – SKATE AT YOUR OWN RISK – NO REFUNDS OR EXCHANGES – NOT TRANSFERABLE WARNING

All participants/parents/guardians/spectators/visitors understand and agree to voluntarily assume all inherent risks related to Programming participation or visiting the facility/grounds of City Ice Pavilion including changing conditions of the ice surface/ facility/grounds, collisions/slips/falls, lost/stolen/damaged property, etc. that may result in injury or death. City Ice Pavilion, its owners, employees and vendors shall not be responsible or liable for any claims whatsoever. City Ice Pavilion has the right to use all photographs or videos for advertising and/or promotional and marketing purposes.

I HAVE READ THIS AGREEMENT AND UNDERSTAND THE RIGHTS I HAVE WAIVED HEREIN. READ CAREFULLY. BY SIGNING THIS, YOU MAY GIVE UP LEGAL RIGHTS

Parent/Guardian Signature _____ Date ____/____/____

Please send your registration form with payment to:

City Ice Pavilion

ATTN: Elise Gallagher

Email: egallagher@cityicepavilion.com

Mail: 47-32 32nd Place, Long Island City, NY 11101

Phone: (718) 706-6667 ext. 5

Fax: (718) 706-6670