



Semester One Skating School Registration Form For Snowplow Sam, Basic Skills, Hockey and Adult Classes

First Name _____ Last Name _____ Phone _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

Birthdate _____ Gender _____ M _____ F Email _____

Parent/Guardian Name _____ Emergency Phone _____

Previous skating level passed: SnowpLow Sam _____ Basic Skills _____ Adult _____

Please Select the Class(es) You are Registering For

Snowplow Sam Beginner, 1-3 Level _____	_____ Monday 4:00 pm	Basic Beginner, Basic 1 Level _____	_____ Monday 4:30 pm
	_____ Saturday 10:30 am		_____ Saturday 11:00 am
	_____ Sunday 10:30 am		_____ Sunday 11:00 am
Basic 2 Level _____	_____ Monday 4:00 pm	Basic 3 Level _____	_____ Saturday 11:30 am
	_____ Saturday 11:00 am		_____ Sunday 11:30 am
	_____ Sunday 11:00 am		
Basic 4 Level _____	_____ Saturday 11:30 am	Adult and Teen Adult 2 (Sunday Only) Level _____	_____ Saturday 11:30 am
	_____ Sunday 11:30 am		_____ Sunday 11:30 am
Hockey Beginner 1,2 Level _____	_____ Sunday 10:30 am	Hockey 3,4 Level _____	_____ Sunday 10:30 am

Program Fee: \$200/class Annual USFSA Registration (req.): \$15/participant Total Amount _____

Circle Payment Method 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. SKATE AT YOUR OWN RISK. NO REFUNDS, EXCHANGES OR MAKE-UP CLASSES. NOT TRANSFERRABLE.

All participants/parents/guardians/spectators/visitors understand and agree to voluntarily assume all inherent risks related to program 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 taken for advertising and/or promotional and marketing purposes.

**I HAVE READ THIS AGREEMENT AND UNDERSTAND THE RIGHTS I HAVE WAIVED HEREIN.
PLEASE READ THIS CAREFULLY. BY SIGNING THIS YOU MAY BE GIVING UP LEGAL RIGHTS.**

Parent/Guardian Signature _____ Date _____

If you are mailing this form, please send with payment to

**City Ice Pavilion, 47-32 32nd Place, Long Island City, Ny 11101, attn: Tanya Douglas
T. 718.505.6230 F. 718.706. 6670 E. skatingschool@cityicepavilion.com**